## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: (

## **Secretary of State** 03-15-2004 90060 048 \*\*\*150.00 **DOCUMENT # P00000075312** 1. Entity Name KYOTO OF TAMPA, INC. Mailing Address Principal Place of Business 5711 E. FOWLER AVE 5711 E. FOWLER AVE TAMPA, FL TAMPA, FL No Cha-P CR2E034 (10/03) 03062004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3664656 \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 5. Name and Address of Current Registered Agent ----DO NOT WRITE 10232 TIMBERLAND AND POINT DR TAMPA, FL IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. \*Signature, typed or printed name of registered agent and title if applicable. 🐫 😅 " (NOTE: Registered Agent signature required when reinstating) 🖰 🖽 9. Election Campaign Financing \$5.00 May Be \*\* FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GU, DAN Y 10232 TIMBERLAND AND POINT DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactingent with an address, with all other like empowered.

PO EN OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** Mar 15, 2004 8:00 am