


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 041 ***150.00

DOCUMENT # P04000011487

1. Entity Name
TOKYO SPA & MASSAGE, INC.



Principal Place of Business
**1885 S. US HWY. 17 & 92
LONGWOOD, FL 32750**

Mailing Address
**1885 S. US HWY. 17 & 92
LONGWOOD, FL 32750**

40108060



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

06032008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0691347

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SMITH, PILSOON L
1885 S. US HWY. 17 & 92
LONGWOOD, FL 32750**

Applied For
Not Applicable

7. Name and Address of New Registered Agent
Name **Pilsoon Lee**
Street Address (P.O. Box Number is Not Acceptable)
1885 S. US HWY. 17 & 92
City **Longwood** FL Zip Code **32750**

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 *[Signature]* **Pilsoon Lee, President** **6/3/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, PILSOON L 1885 S. US HWY. 17 & 92 LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pilsoon Lee 1885 S. US HWY. 17 & 92 Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Pilsoon Lee, President** **6/3/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #