2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
03-23-2005 90030 047 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P00000016281

1. Entity Name
HANA JAPANESE RESTAURANT, INC.

Principal Place of Business	Mailing Address
8404 LOCKWOOD RIDGE RD SARASOTA FL 34243	8404 LOCKWOOD RIDGE RD SARASOTA FL 34243

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0980584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~STEPHEN F. VOIGT, P.A.~~
~~2414 BEE RIDGE ROAD~~
~~SARASOTA FL 34239~~

7. Name and Address of New Registered Agent

Name: TERRY O'HALLORAN
Street Address (P.O. Box Number is Not Acceptable): 3569 WEBBER ST
City: SARASOTA FL Zip Code 34239

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] 4-19-05
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
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☒ Delete	TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	LE ERICKSON, MYDINH	NAME	Hai Hoang Vu
STREET ADDRESS	5348 DURANGO AVE	STREET ADDRESS	3142 22nd st Sarasota FL 34234
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	VICE-PRESIDENT ☐ Change ☒ Addition
NAME		NAME	CHONG NGuyen
STREET ADDRESS		STREET ADDRESS	791 Grey Stone Lane
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota FL 34232
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/10/05 (941) 358-7970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #