

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90108 017 ***150.00

DOCUMENT # P04000042567

1. Entity Name
YUGA RESTAURANT, INC.



Principal Place of Business
**357 ALCAZAR AVENUE
CORAL GABLES, FL 33134 US**

Mailing Address
**357 ALCAZAR AVENUE
CORAL GABLES, FL 33134 US**

50002610



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0833286

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ABE, CHIKARA
13641 DERRING BAY DRIVE
#157
CORAL GABLES, FL 33158**

**DO NOT WRITE
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 _____
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ABE, CHIKARA**
STREET ADDRESS **13641 DERRING BAY DRIVE, #157**
CITY-ST-ZIP **CORAL GABLES, FL 33158**

TITLE **D**
NAME **ABE, YASUKO**
STREET ADDRESS **13641 DERRING BAY DRIVE, #157**
CITY-ST-ZIP **CORAL GABLES, FL 33158**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: **YASUKO ABE**

3/11/06

Date

Daytime Phone #