


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90038 022 ***150.00

DOCUMENT # F05000003562	
1. Entity Name HIBACHI-SAN, INC.	

Principal Place of Business 1683 WALNUT GROVE AVENUE ROSEMEAD, CA 91770	Mailing Address 1683 WALNUT GROVE AVENUE ROSEMEAD, CA 91770
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40007103



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number 95-4427868	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW JIN-CHAN CHERNG 2040 ASHBOURNE DRIVE S. PASADENA, CA 91030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1683 Walnut Grove Ave Rosemead CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEGGY TSIANG CHERNG 2040 ASHBOURNE DRIVE S. PASADENA, CA 91030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1683 Walnut Grove Ave. Rosemead CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIN, THOMAS 9 CHERRY HILLS LANE NEWPORT BEACH, CA 92660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1683 Walnut Grove Ave Rosemead CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILKINSON, R. MICHAEL 6351 TURNBERRY CIRCLE HUNTINGTON BEACH, CA 92648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1683 Walnut Grove Ave. Rosemead CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIU, STANLEY N 1188 E RUBIO ST ALTADENA, CA 91001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHENG, IRENE M 1026 FOOTHILL ST SOUTH PASADENA, CA 91030 <input checked="" type="checkbox"/> Delete	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 _____

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO 1-25-07

Date

Daytime Phone #