

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000002025

1. Entity Name
BENIHANA, INC.



Principal Place of Business
**8685 N.W. 53RD TERRACE
MIAMI, FL 33166**

Mailing Address
**8685 N.W. 53RD TERRACE
MIAMI, FL 33166**



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0538630

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWARTZ, JOEL A
STREET ADDRESS 8685 N.W. 53RD TERRACE
CITY-ST-ZIP MIAMI, FL

TITLE VD
NAME YOSHIMOTO, TAKA
STREET ADDRESS 8685 N.W. 53RD TERRACE
CITY-ST-ZIP MIAMI, FL

TITLE T
NAME BURRIS, MICHAEL
STREET ADDRESS 8685 N.W. 53RD TERRACE
CITY-ST-ZIP MIAMI, FL

TITLE S
NAME DORNBUSH, DARWIN C
STREET ADDRESS 747 THIRD AVENUE, 11TH FLOOR
CITY-ST-ZIP NEW YORK, NY

TITLE TAS
NAME GARCIA, JUAN C.
STREET ADDRESS 8685 NW 53RD TERRACE
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000010991
01/23/04-80019-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-04

Date

305-593-0770

Daytime Phone #