


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # F98000000035**

1. Entity Name  
**BENIHANA BRICKELL STATION CORP.**



Principal Place of Business 8685 N.W. 53RD TERRACE, STE. 201 MIAMI, FL 33152	Mailing Address 8685 N.W. 53RD TERRACE, STE. 201 MIAMI, FL 33152
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**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0718214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, JOEL A 8685 N.W. 53RD TERRACE, STE. 201 MIAMI, FL 33152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOSHIMOTO, TAKA 8685 N.W. 53RD TERRACE, STE. 201 MIAMI, FL 33152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURRIS, MICHAEL R 8685 N.W. 53RD TERRACE, STE. 201 MIAMI, FL 33152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCIA, JUAN C 8685 N.W. 53RD TERRACE, STE. 201 MIAMI, FL 33152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/04-80045-016 150.00

**DO NOT WRITE 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:** \_\_\_\_\_ **1-16-04** **305-593-0970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #