


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 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

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0718214 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

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* SECRETARY 1-10-05 3055930770
Date Daytime Phone #