2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 08:00 AM Secretary of State

Applied For

ANNUAL REPURI		
DOCUMENT # G50396 1. Entity Name JAPANESE FISH MARKET, INC.	and the second s	
Principal Place of Business	Mailing Address	
1506 E. COMMERCIAL BLVD	6720 NE 21ST DR	
OAKLAND PARK, FL 33334	- FORT LAUDERDALE, FL 33308	•
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Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAKATA, TSUYOSHI 6720 N.E. 21ST DRIVE DO NOT WRITE FT. LAUDERDALE, FL 33308 IN THIS SPACE 5. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SAKATA, TSUYOSHI NAME **6720 NE 21ST DRIVE** STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 -U000003273656 03/23/05-80038-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS

I PRINTED PRINTING OFFICER OR DIRECTOR DEL