

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H58898**

1. Entity Name  
**CHIZU JAPANESE STEAK & SEAFOOD HOUSE, INC.**



Principal Place of Business  
**1227 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250-6409**

Mailing Address  
**427 N. 3RD ST  
JACKSONVILLE BEACH, FL 32250 US**



04072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2684743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**HOOD, TERRY J  
427 NORTH 3RD ST  
JACKSONVILLE BEACH, FL 32250**

**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, 2008 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	DP NAKAJIMA, MASAHIRO 1614 ARROWHEAD TRAIL NEPTUNE BEACH, FL 32266
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RAMALHO, CINDY ANN 1806 BRANCH VINE DRIVE WEST LAKE MARY, FL 32746
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KATO, CHIEN 1626 ARROWHEAD TRAIL NEPTUNA BEACH, FL 32286
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000926951  
05/20/08-80087-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CINDY A RAMALHO 4/25/08 904-246-0713**

Date

Daytime Phone #