ZUU6 FUK PKUFII CUKFUKATIUN ANNIJAL REPORT

ANNUAL REPORT DOCUMENT # H82973 FILED Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name OSAKA JAPANESE STEAK HOUSE, INC. Mailing Address Principal Place of Business 12951 MCGREGOR BLVD 12951 MCGREGOR BLVD FORT MYERS, FL 33919 FORT MYERS, FL 33919 CR2E034 (11/05) 04182006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2594220 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **BOUNMY SOUNDARA** 8861 HENDERSON GRADE S.E. N. FORT MYERS, FL 33917 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PVST** TITLE SOUNDARA, BOUNMY NAME 8861 HENDERSON GRADE S.E. STREET ADDRESS CITY-ST-ZIP N. FORT MYERS, FL 33917 TITLE NAME STREET ADDRESS U00000537801 CITY-ST-ZIP 05/09/06-80033-007 150.00 RITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 tike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 18.06

CROWON