

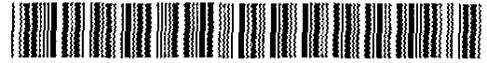
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J88363	
1. Entity Name SAKURA JAPANESE STEAK HOUSE, INC.	

Principal Place of Business 3034 DELPRADO BLVD. CAPE CORAL, FL 33904 US	Mailing Address 20371 WILLIAMS DR. NORTH FORT MYERS, FL 33917
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01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0004295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAJSAVONG, MIKE KISE
 2750 GARDEN STREET
 NORTH FT. MYERS, FL 33917

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000027566
 02/03/04-80047-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT RAJSAVONG, MIKE KISE 2750 GARDEN STREET NORTH FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAJSAVONG, REIKO 2750 GARDEN STREET FORT MYERS, FL 33917
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)(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: *Mike Kise* 1/29/04 945-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #