

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90029 039 ***550.00

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08142007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0004295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **RAJSAVONG, MIKE KAISE**

Street Address (P.O. Box Number is Not Acceptable)

20371 Williams Drive

City **North Fort Myers FL** Zip Code **33917**

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 *Reiko Rajsavong*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/15/07

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **RAJSAVONG, MIKE KAISE**
STREET ADDRESS **2750 GARDEN STREET**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **S** ☐ Delete
NAME **RAJSAVONG, REIKO**
STREET ADDRESS **2750 GARDEN STREET**
CITY-ST-ZIP **FORT MYERS, FL 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **20371 Williams Drive**
CITY-ST-ZIP **North Fort Myers, FL 33917**

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Reiko Rajsavong*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/07 239-945-2999
Date Daytime Phone #