

FILED
May 02, 2005 8:00 am
Secretary of State

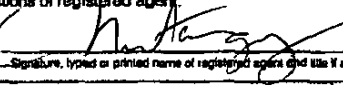
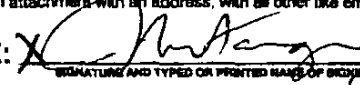
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

50045999



04292005 Chg-P CR2E034 (10/03)

DOCUMENT # M83006			
1. Entity Name OSAKA STEAKHOUSE OF KISSIMMEE, INC.			
Principal Place of Business % MASTON O'NEAL 422 S. CENTRAL AVE. APOPKA, FL 32703		Mailing Address 3155 W. VINE STREET KISSIMMEE, FL 34741 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2895556		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEAL, MASTON 422 S. CENTRAL AVE. P.O. BOX 1232 APOPKA, FL 32704-1232		7. Name and Address of New Registered Agent Name MUSTANG NGUYEN Street Address (P.O. Box Number is Not Acceptable) 3155 W VINE ST City KISSIMMEE FL Zip Code 34742	
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  MUSTANG NGUYEN 4/29/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, MUSTANG 2087 CAMELOT BLVD ST CLOUD, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NGUYEN, NANCY LEE 2087 CAMELOT BLVD ST CLOUD, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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:  MUSTANG NGUYEN 4/29/05 Signature and typed or printed name of signing officer or director		Date Daytime Phone #	