

FILED
Apr 25, 2005 8:00 am
Secretary of State

03-23-2005 90030 047 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

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1st MOORE CR2E034 (10/04)

DOCUMENT # P00000016281			
1. Entity Name HANA JAPANESE RESTAURANT, INC.			
Principal Place of Business 8404 LOCKWOOD RIDGE RD SARASOTA FL 34243		Mailing Address 8404 LOCKWOOD RIDGE RD SARASOTA FL 34243	
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 65-0980584		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STEPHEN F. VOIGT, P.A. 2414 BEE RIDGE ROAD SARASOTA FL 34239		7. Name and Address of New Registered Agent Name TERRY O'HALLORAN Street Address (P.O. Box Number is Not Acceptable) 3569 WEBER ST City SARASOTA FL Zip Code 34239	
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 <i>Terry O'Halloran</i> (NOTE: Registered Agent signature required when re-registering) DATE 4-19-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	P LE ERICKSON, MYDINH 5348 DURANGO AVE SARASOTA FL 34235 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Hoi Hoang Vu 3142 22nd St Sarasota FL 34234 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice-President CHONG NGUYEN 791 Grey Stone Lane Sarasota FL 34232 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/10/05 Deletion Phone # (941) 558-7970	