## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000016789**

1. Entity Name

TERIYAKI TEMPLE OF INTERNATIONAL PLAZA, INC.



Principal Place of Business

4104 AURORA ST.

CORAL GABLES, FL 33146 U

Mailing Address

4104 AURORA ST.

CORAL GABLES, FL 33146

FILED Apr 30, 2007 08:00 A Secretary of State



## DO NOT WRITE IN THIS SPACE

03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1029510

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YEUNG, HING YU 4104 AURORA ST. CORAL GABLES, FL 33146

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or	registered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable. (NOTE Registered	l Agent signatur	e required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	TORS		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEUNG, HOI S 4104 AURORA ST. CORAL GABLES, FL 33146				U00000742643 05/15/07-80075-019 150.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC YEUNG, HING YU 4104 AURORA STREET CORAL GABLES, FL 33146				US/15/U/-8UU75-019 150.	00
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS						

12. Thereby 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:

CITY - ST - ZIP

SIGNATURE AND TYPET OR PRINTED NAME & SI

141NG Ya YEAR

4/10/07

305-476-1611