
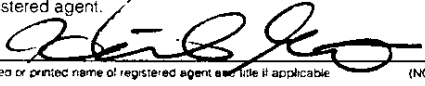
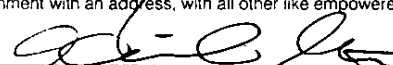


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90189 048 ***150.00

DOCUMENT # P00000059806			
1. Entity Name HIRO'S YAKKO-SAN, INC.			
Principal Place of Business 17040-46 WEST DIXIE HWY MIAMI, FL 33160		Mailing Address 3007 NE 163RD STREET NORTH MIAMI BEACH, FL 33160	
2. Principal Place of Business		3. Mailing Address 17040-46 West Dixie Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State N. Miami Beach, FL	
Zip		Zip 33160	
Country		Country Miami-Dade	
6. Name and Address of Current Registered Agent SHIGETOMI, HIROSHI 3007 NE 163RD STREET NORTH MIAMI BEACH, FL 33160		7. Name and Address of New Registered Agent Name SHIGETOMI, HIROSHI Street Address (P.O. Box Number is Not Acceptable) 17040-46 West Dixie HWY City N. Miami Beach FL Zip Code 33160	
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 		Hiroshi Shigetomi' 2-26-06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent Signature required when reconstituting) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 SHIGETOMI, HIROSHI 3007 NE 163RD STREET NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17040-46 West Dixie Highway North Miami Beach, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Hiroshi Shigetomi' 2-26-06 (305) 788-7512	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50001477



02072006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1018532 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required