

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000090994

FILED
Aug 12, 2009
Secretary of State**Entity Name:** ANKAI JAPANESE RESTAURANT, INC.**Current Principal Place of Business:**9029 GREEN MEADOWS WAY
PALM BEACH GARDENS, FL 33418**New Principal Place of Business:****Current Mailing Address:**5481 NW COMMODORE TERRACE
PORT ST. LUCIE, FL 34983**New Mailing Address:****FEI Number:** 65-1044608**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANKAI, ALAN
5481 NW COMMODORE TERRACE
PORT ST. LUCIE, FL 34983 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PDS () Delete
Name: ANKAI, ALAN
Address: 5481 NW COMMODORE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983**Title:** VTD (X) Delete
Name: ANKAI, KEIJI
Address: 5481 NW COMMODORE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN ANKAI

PDS

08/12/2009

Electronic Signature of Signing Officer or Director_____
Date