

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90008 010 ***150.00

DOCUMENT # P01000035636

1. Entity Name

KYOTO JAPANESE CUISINE, INC.



Principal Place of Business

8149 JUSTIN RD. SOUTH
JACKSONVILLE, FL 32210

Mailing Address

8149 JUSTIN RD. SOUTH
JACKSONVILLE, FL 32210

54037292



01072004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3710657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUTISTA, CALIXTO M
8149 JUSTIN RD. SOUTH
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEDROZO, RICHARD V
STREET ADDRESS	8149 JUSTIN RD. SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	BAUTISTA, LETICIA P
STREET ADDRESS	8149 JUSTIN RD. SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	PEDROZO, MELVIN V
STREET ADDRESS	8149 JUSTIN RD. SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	PEDROZO, BRENDA V
STREET ADDRESS	8149 JUSTIN RD. SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: BRENDA V. PEDROZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

(904) 779-8060
Daytime Phone #