2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069975

1. Entity Name

KAITO JAPANESE RESTAURANT, INC.



Principal Place of Business

3181 NW FEDERAL HIGHWAY JENSEN BEACH, FL 34957

Mailing Address

3181 NW FEDERAL HIGHWAY JENSEN BEACH, FL 34957

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90273 002 ***150.00

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DO NOT WRITE IN THIS SPACE 04222005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1123005

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUZUKI, TORU 3181 NW FEDERAL HIGHWAY JENSEN BEACH, FL 34957

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the puions of registered agent.	rpose of changing its registered of	office or t	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	analisanta ANOTE Resistant As			
	Signature, typed or printed name or registered agent and title in	applicable (NOTE Registered Ag	ent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUZUKI, TORU 3181 NW FEDERAL HIGHWAY JENSEN BEACH, FL 34957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TSE, KA-WING 3181 NW FEDERAL HIGHWAY JENSEN BEACH, FL 34957	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO 1	NOT WRITE
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NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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