


**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000074910</b> 1. Entity Name <b>MORI JAPANESE STEAKHOUSE OF TALLAHASSEE, INC.</b>	
--	---

Principal Place of Business <b>2810-8 SHARER RD TALLAHASSEE, FL 32312</b>	Mailing Address <b>2810-8 SHARER RD TALLAHASSEE, FL 32312</b>
--	--



04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3758848</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

**HURST, CAROLYN M  
92 HORSESHOE TRAIL  
CRAWFORDVILLE, FL 32327**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST LEE, MI JIN 9067 SHOAL CREEK DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LEE, MI JIN 9067 SHOAL CREEK DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000702261  
04/20/07-80089-019 150.00

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:**  **Mi Jin Lee** **4/2/07** **(850) 894-4148**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #