2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 04, 2004 08:00 AM **DOCUMENT # P02000067094 Secretary of State** JAPANESE GRILL EXPRESS, INC. Principal Place of Business Mailing Address 1271 SEMORAN BLVD. 1271 SEMORAN BLVD. CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 01222004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 03-0461929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CHEN, WEN-PING DO NOT WRITE 1271 SEMORAN BLVD. CASSELBERRY, FL 32707 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed home of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000033841 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 02/05/04-80060-005 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TILE CHEN, WEN-PING NAME STREET ADDRESS 1271 SEMORAN BLVD. CASSELBERRY, FL 32707 CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP BBLE STREET ACORESS DO NOT WRITE CITY-ST-ZIP सरा ह IN THIS SPACE NAME STREET ADDRESS CITY-ST-73P HILE NAME STREET ADDRESS CITY-ST-ZIP

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.

TRLE NAME STREET ADDRESS CITY-ST-ZP

ENING OFFICER OF DIRECTOR