2007 FOR PROFIT CORPORATION

Jan 31, 2007 8:00 am Secretary of State **ANNUAL REPORT** 01-31-2007 90041 005 ***150 00 DOCUMENT # P02000067094 JAPANESE GRILL EXPRESS, INC. 40007272 Principal Place of Business Mailing Address 1271 SEMORAN BLVD. 1271 SEMORAN BLVD. CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01022007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 03-0461929 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEN, WEN-PING Street Address (P.O. Box Number is Not Acceptable) 1271 SEMORAN BLVD. CASSELBERRY, FL 32707 City Zip Code 8. The above named entity submits this "retement 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, typedrox printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition CHEN, WEN-PING NAME NAME 1271 SEMORAN BLVD. STREET ADDRESS STREET ADDRESS CASSELBERRY, FL 32707 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 thy 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

IGNING OFFICER OR DIRECTOR

-2-2007

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PR

FILED