


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000073653**  
 1. Entity Name  
**SHOGUN JAPANESE STEAK HOUSE, INC.**



Principal Place of Business      Mailing Address  
 1219 US 41 BYPASS SOUTH      1219 US 41 BYPASS SOUTH  
 VENICE, FL 34292                  VENICE, FL 34292

**DO NOT WRITE IN THIS SPACE**



03092006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>55-0789477</b>	Applied For 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

**GIFFORD, BARTON P SR**  
**2136 GULF GATE DRIVE**  
**SUITE ONE**  
**SARASOTA, FL 34231-4807**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000468276</b> <b>03/24/06-80025-003 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NGO, SOAN D
STREET ADDRESS	1419 MARLIN ST.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	V
NAME	NGO, HANH THI
STREET ADDRESS	1419 MARLIN ST.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: *Soan D. Ngo*      **SOAN D. NGO**      **3/11/06 (941) 485-87-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #