2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000105238

1. Entity Name

SAPPORO JAPANESE RESTAURANT INC.



FILED
May 09, 2005 08:00 AN
Secretary of State

Principal Place of Business

10609 WILES RD 1

CORAL SPRINGS, FL 33076

Mailing Address

10609 WILES RD

CORAL SPRINGS, FL 33076



DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0648933

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOGAMI, TOSHIMITSU 6805 OAK HILL N LAUDERDALE, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				m , a - m - im regionsequentgeregg	Commercial Comments
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOGAMI, TOSHIMITSU 6805 OAK HILL N LAUDERDALE, FL 33068			U00000365197 05/09/05-80028-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: No GAM

AIGNATURE AND TYPED OF ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

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