


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90316 016 ***150.00

DOCUMENT # P03000092261	
1. Entity Name MAKINO JAPANESE BUFFET, INC.	

Principal Place of Business 5200 N. UNIVERSITY DR FORT LAUDERDALE, FL 33351 US	Mailing Address 1535 SE 17TH STREET SUITE B206 FORT LAUDERDALE, FL 33316 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04022005 Chg-P CR2E034 (10/03)

4. FEI Number 86-1078814	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAN, TIONG K 10723 GRANDE PALLADIUM WAY BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAN, TIONG K 10723 GRANDE PALLADIUM WAY BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAN, TIONG WEE 10723 GRANDE PALLADIUM WAY BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, RAYMOND 2833 HOFFMAN DR ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, RONALD 17448 SW 36 ST HOLLYWOOD, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JIANN 12801 RED TIRC LANE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, SHENG 9983 W. ATLANTIC BLVD HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 	Date 4/15/05	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

ATTACHMENT
2039385

DOCUMENT # P03000092261
MAKINO JAPANESE BUFFET, INC.

TITLE DIRECTOR Addition
NAME WHORTON, LI SHUE
STREET ADDRESS 325 SE 11TH TERRACE #104
CITY-ST-ZIP DANIA, FL 33004

TITLE DIRECTOR Addition
NAME YAO, HUI CHUAN
STREET ADDRESS 10723 GRANDE PALLADIUM WAY
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE DIRECTOR Addition
NAME LIN, MING-HUNG
STREET ADDRESS 39 SE 9TH AVE
CITY-ST-ZIP DEERFIELD, FL 33441

TITLE DIRECTOR Addition
NAME CHIANG, EDWARD S
STREET ADDRESS 13455 SW 16TH CT APT. F202
CITY-ST-ZIP DEERFIELD, FL 33441

TITLE DIRECTOR Addition
NAME FAN, JO HUI
STREET ADDRESS 5200 N. UNIVERSITY DR
CITY-ST-ZIP FORT LAUDERDALE, FL 33351

TITLE DIRECTOR Addition
NAME PEREZ, ANTONIO
STREET ADDRESS 3750 W HILLSBORO BLVD APT. 101
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE DIRECTOR Addition
NAME HUANG, CHIA WEN
STREET ADDRESS 5200 N. UNIVERSITY DR
CITY-ST-ZIP FORT LAUDERDALE, FL 33351