

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 90988 030 ***150.00

DOCUMENT # P03000107049

1. Entity Name
KYOTO ON THE GO, INC.



Principal Place of Business
750 S DIXIE HWY
BOCA RATON, FL 33432

Mailing Address
750 S DIXIE HWY
BOCA RATON, FL 33432

66421652

2. Principal Place of Business
6023 LE LAC ROAD
Suite, Apt. #, etc.

3. Mailing Address
6023 LE LAC ROAD
Suite, Apt. #, etc.



04182004 Chg-P CR2E034 (10/03)

City & State
Boca Raton, FL
Zip
33496
Country
PALM BEACH

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Boca Raton, FL
Zip
33496
Country
PALM BEACH

4. FEI Number
04-3779345
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS INC
3732 NW 16 STREET
FT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name BRIAN C. TAMONEY, CPA
Street Address (P.O. Box Number is Not Acceptable)
2200 N. FEDERAL HWY #228
City Boca Raton FL Zip Code 33431

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

4-17-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AGELOFF, MICHAEL	
STREET ADDRESS	750 S DIXIE HWY	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERS, IRWIN	
STREET ADDRESS	750 S DIXIE HWY	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS PETERS	
STREET ADDRESS	6023 LE LAC RD	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Michael Ageloff MICHAEL AGELOFF

4/23/04

Date

Daytime Phone #