

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000007860

1. Entity Name
ICHIBAN EAST AND WEST, INC.



Principal Place of Business
5555 N DAVIS HIGHWAY
SUITE # 1
PENSACOLA, FL 32503

Mailing Address
5555 N DAVIS HIGHWAY
SUITE # 1
PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

05-16-2007 90026 005 ***150.00
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40114030



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0456589	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JAMES C
3895 WINONA DRIVE
PENSACOLA, FL 32504

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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 remitting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE S
NAME LIN, CHIA T
STREET ADDRESS 5555 N DAVIS HIGHWAY
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE P
NAME LIN, HEYCHIN S
STREET ADDRESS 5555 N DAVIS HIGHWAY
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Chieh Lin S Lin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/11 (850)346-0126
Date Daytime Phone #