


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90020 021 ***150.00

DOCUMENT # P04000026763 1. Entity Name TAO'S JAPANESE RESTAURANT, INC.			
Principal Place of Business 5340 CENTRAL AVENUE ST. PETERSBURG, FL 33707		Mailing Address 5340 CENTRAL AVENUE ST. PETERSBURG, FL 33707	
2. Principal Place of Business 435 Gulf Blvd Suite, Apt. #, etc.		3. Mailing Address 435 Gulf Blvd Suite, Apt. #, etc.	
City & State Indian Rocks Beach, FL Zip 33785		City & State Indian Rocks Beach, FL Zip 33785	
Country Pinellas		Country Pinellas	
6. Name and Address of Current Registered Agent COMPARETTO, ANTHONY J ESQ 5340 CENTRAL AVENUE ST. PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE president NAME THAO Q. TRAN STREET ADDRESS 3962 60th ST N CITY - ST - ZIP St. Petersburg, FL 33709	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE vice president NAME HIROKO FURUKAWA STREET ADDRESS 3962 60th ST N CITY - ST - ZIP St. Petersburg, FL 33709	<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	<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	<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	<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: <u>Hiroko Furukawa</u> 03-24-05 727-596-7025 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

40041929



03082005 Chg-P CR2E034 (10/03)

4. FEI Number **90-0152444** Applied For Not Applicable

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