


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90043 023 \*\*\*150.00

<b>DOCUMENT # P04000048903</b>	
<b>1. Entity Name</b> WASABI JAPANESE RESTAURANT, INC.	

<b>Principal Place of Business</b> 17058 NW 19TH STREET PEMBROKE PINES FL 33028	<b>Mailing Address</b> 17058 NW 19TH STREET PEMBROKE PINES FL 33028
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 20-0902336	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  KAMKAJON, SURASAK 17058 NW 19TH STREET PEMBROKE PINES FL 33028
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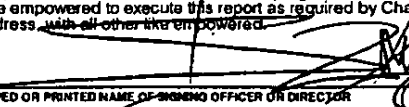
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> KAMKAJON, SURASAK		<b>NAME</b> KAMKAJON, SURASAK	
<b>STREET ADDRESS</b> 17058 NW 19TH STREET		<b>STREET ADDRESS</b> 17058 NW 19TH STREET	
<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028		<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> NITIWATINA, SUPAVEE		<b>NAME</b> NITIWATINA, SUPAVEE	
<b>STREET ADDRESS</b> 17058 NW 19TH STREET		<b>STREET ADDRESS</b> 17058 NW 19TH STREET	
<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028		<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028	
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<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028		<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028	
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<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028		<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028	

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.	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> 8/1/05 9544325300 Date Daytime Phone #

SURASAK KAMKAJON PRESIDENT.