FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P04000135828

FILED Feb 18, 2005 8:00 am Secretary of State 02-18-2005 90047 029 ***150.00

1. Entity Name						
KUMO JAPANESE S	TEAK HOUSE INC.		2010201010201010201		40010000	
DO N	IOT WRITE	E IN THIS	SPA	CE	40019872	
2. Principal Place of Business 2517 SANTA BARBARA BLVD UNIT 12		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State CAPE CORAL , FL		City & State			4. FEI Number Applied For 20-1687865 Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional
33904				7. Nat	│ me:and:Address:of.Current:Reg	Fee Required
				Name		
	RITE	Street Add		dress (P.O. Box Number is Not Acceptable)		
	IN THIS SF	ACL		0.1		- Tin Code
				City	FL	
State of Florida.	I am familiar with, and	accept the obligation	ns of regi	stered agent.	istered office or registered agent,	Aug (os
January 1 After N Amer	ture, (yped or printed name I - May 1 Fee is \$150 May 1, Fee is \$550 00 1ded UBR is \$61 25 Ide to Florida Departr	.00 nent of State		e. (NOTE: Regis	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. TITLE	OFFICERS A IPRESIDENT	ND DIRECTORS	11.	TUE III III III III III		
NAME STREET ADDRESS	LIANG WEN YANG 2517 SANTA BARE	IARA BLVD UNIT 12	N/ ST	ME REET ADDRES	s	
CITY-ST-ZIP TITLE	CAPÉCORAL, FL	33904		TY-ST-ZIP TLE		
NAME STREET ADDRESS			N/ ST	ME REET ADDRES	s	
CITY-ST-ZIP				TY-ST-ZIP TLE		
NAME STREET ADDRESS CITY-ST-ZIP			N/ ST	ME REET ADDRES	s DO NOT	WRITE
TITLE NAME	, ,		TI N	TLE TME	IN THIS S	PACE
STREET ADDRESS CITY-ST-ZIP			CI	REET ADDRES TY-ST-ZIP	S .	
TITLE NAME	X		109010909090	TLE YME		
STREET ADDRESS CITY-ST-ZIP			21419191919	REET ADDRES	is	
TITLE NAME	<u> </u>		ii	TLE VME		
STREET ADDRESS CITY-ST-ZIP			S	REET ADDRES TY-ST-ZIP	sS .	
12. I hereby certify that certify that the info	rmation indicated on this	report or supplemental	ot qualify fo	or the exemption	stated in Section 119.07(3)(i), Florida a and that my signature shall have the	same legal effect
as if made under o	ath; that I am an officer	or director of the corpor	ration or the	e receiver or trus	stee empowered to execute this report ith an address, with all other like empo	as required by
SIGNATURE:	× Yans	Lian wen			2/4/65	
SIGI	NATURE AND TYPED C	- 7 1- VV 1	SIGNING	OFFICER OR D	DIRECTOR Date	Daytime Phone #