FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Feb 13, 2006 8:00 am Secretary of State 02-13-2006 90042 029 ***150.00

| DOCUMENT # 704000 35828 | | | | | 02-13-2000 90042 | 029 130.00 |
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| KUMO JADANESE STEAK HOUSE INO | | | | | | |
| KUMO JAPANESE STEAK HOUSE INC. | | | | dantaina | | |
| DO N | OT WRITE | IN THIS S | SPACE | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| 2517 SANTA BARBARA BLVD UNIT 12 | | <u> </u> | | | DO NOT WOITE IN I | THE CDACE |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | |
| City & State CAPE CORAL , FL | | City & State | | | 4. FEI Number 20-1687865 | Applied For Not Applicable |
| Zip 33904 | Country | Zip | Countr | y | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | <u> </u> | | ne and Address of Current Re | gistered Agent |
| | DO NOT WRITE | | Name | | | |
| | N THIS SP | | Street Add | | Iress (P.O. Box Number is Not Acceptable) | |
| • | | A)_ | | | | |
| | | | (| City | F | 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. | | | | | | |
| SIGNATURE | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 | | | | | | tating) DATE |
| After May 1, Fee is \$550.00 Amended UBR is \$61,25 | | | | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| Make Check Payabl | e to Florida Departm | | 1 44 | | *************************************** | |
| 10. | PRESIDENT | ND DIRECTORS | 11. | | | |
| NAME STREET ADDRESS | LIANG WEN YANG 2517 SANTA BARBA | ADA BI VID HINIT 12 | NAME | T ADDRESS | - | |
| CITY-ST-ZIP | CAPE CORAL FL 3 | | CITY-S | | | |
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| NAME | | | NAME | | | |
| NAME STREET ADDRESS | | | NAME STREE | T ADDRES: | S | |
| NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that | | | NAME STREE CITY-S qualify for the | T-ZIP exemption : | stated in Section 119.07(3)(i), Florid | |
| NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that certify that the inforr | mation indicated on this | report or supplemental r | NAME STREE CITY-S qualify for the eport is true a | T-ZIP exemption : nd accurate | stated in Section 119.07(3)(i), Florid and that my signature shall have th | e same legal effect |
| NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that certify that the inforr as if made under oa | mation indicated on this this that I am an officer o | report or supplemental r r director of the corpora | NAME STREE CITY-S qualify for the eport is true a tion or the rece | T-ZIP exemption of accurate eiver or trust | stated in Section 119.07(3)(i), Florid | e same legal effect rt as required by |
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| NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that certify that the inform as if made under on Chapter 607, Florida SIGNATURE: | mation indicated on this th; that I am an officer of a Statutes; and that my r | report or supplemental r r director of the corpora | NAME STREE STREE CITY-S qualify for the eport is true a tion or the rece 10 or on an att | T-ZIP exemption sond accurate eiver or trust achment wit | stated in Section 119.07(3)(i), Florid and that my signature shall have the tee empowered to execute this report an address, with all other like empty of the company of th | e same legal effect rt as required by |