

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

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**FILED
Mar 07, 2007 8:00 am
Secretary of State**

02-16-2007 90032 048 ***150.00

DOCUMENT # P04000135828 1. Entity Name
KUMO JAPANESE STEAK HOUSE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2517 SANTA BARBARA BLVD UNIT 12 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State CAPE CORAL, FL	City & State	4. FEI Number 20-1687865	Applied For <input type="checkbox"/> Not Applicable
Zip 33904	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
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.

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
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LIANG WEN YANG 2517 SANTA BARBARA BLVD UNIT 12 CAPECORAL, FL 33904
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Liang Wen Yang **3/3/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66004155
✓
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