
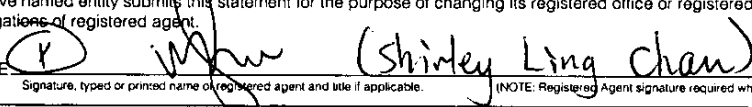
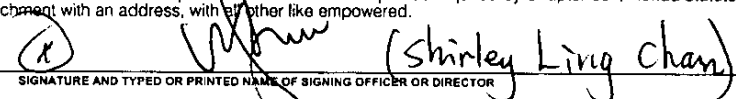


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90283 010 \*\*\*150.00

<b>DOCUMENT # P04000152398</b> 1. Entity Name <b>KISSIMMEE SAKURA, INCORPORATED</b>																													
Principal Place of Business <b>7832 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747</b>			Mailing Address <b>7832 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number <b>20-1846440</b>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent <b>QU, KUO 7832 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747</b>				7. Name and Address of New Registered Agent Name <b>SHIRLEY LING CHAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>14778 E. ORANGE LAKE BLVD</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34747</b>																									
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  (Shirley Ling Chan) DATE <b>4-19-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PD QU, KUO</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>7832 W. IRLO BRONSON MEMORIAL HWY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KISSIMMEE, FL 34747</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD QU, KUO	<input checked="" type="checkbox"/> Delete	NAME	7832 W. IRLO BRONSON MEMORIAL HWY		STREET ADDRESS	KISSIMMEE, FL 34747		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P.D CHAN, Shirley Ling</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>14778 E. ORANGE LAKE BLVD.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KISSIMMEE, FL 34747</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P.D CHAN, Shirley Ling	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	14778 E. ORANGE LAKE BLVD.		STREET ADDRESS	KISSIMMEE, FL 34747		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.																													
SIGNATURE:  (Shirley Ling Chan) DATE <b>4-19-07</b> (407) 239-8998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													