


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90479 042 ***150.00

DOCUMENT # P04000161496

1. Entity Name
KANPAI, INC.



Principal Place of Business
**6940 MAUNA LOA BLVD.
 SARASOTA, FL 34241**

Mailing Address
**6940 MAUNA LOA BLVD.
 SARASOTA, FL 34241**

60045733



2. Principal Place of Business - No P.O. Box #
5525 Palmer Crossing Cir

3. Mailing Address
6940 Mauna Loa BLVD

Suite, Apt. #, etc.
unit #11

Suite, Apt. #, etc.

04212007 Chg-P CR2E034 (12/06)

City & State
Sarasota FL

City & State
Sarasota FL

Zip
34233

Country

Zip
34241

Country

4. FEI Number
20-1995145

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HIRUKAWA, KEIICHI 6940 MAUNA LOA BLVD. SARASOTA, FL 34241		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	HIRUKAWA, KEIICHI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRUKAWA, KEIICHI	NAME	
STREET ADDRESS	6940 MAUNA LOA BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34241	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WON, JAE W	NAME	
STREET ADDRESS	6259 38TH ST. E.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34203	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: *[Signature]* **4.27.2007** **941-586-1149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #