

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90008 036 ***150.00

DOCUMENT # P05000053907					
1. Entity Name SHINGETSU SUSHI BAR & GRILL INC.					
Principal Place of Business 4231 SOUTH FLORIDA AVE. LAKELAND, FL 33813 US			Mailing Address 4231 SOUTH FLORIDA AVE. LAKELAND, FL 33813 US		
2. Principal Place of Business 4231 S. FL. AV. Suite, Apt. #, etc.		3. Mailing Address 4231 S. FL. AV. Suite, Apt. #, etc.			
City & State LAKELAND, FL.		City & State LAKELAND, FL.		4. FEI Number 20-266-5389	
Zip 33813		Country POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, KAZUKO 4231 SOUTH FLORIDA AVE. LAKELAND, FL FL			7. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE P NAME SMITH, KAZUKO STREET ADDRESS 4231 SOUTH FLORIDA AVE. CITY - ST - ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete				
TITLE VP NAME SMITH, WALTER A STREET ADDRESS 4231 SOUTH FLORIDA AVE. CITY - ST - ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: 2-25-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					