FILED
May 21, 2007 8:00 am
Secretary of State
05-21-2007 90053 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000053907

1. Entity Name
SHINGETSU SUSHI BAR & GRILL INC

DO NOT WRITE IN THIS SPACE

40116997

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4231 S. FL AVE	4231 S. FL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: LAKELAND FL	City & State: LAKELAND FL
Zip: 33813 Country: POLK	Zip: 33813 Country: POLK

4. FEI Number: 20-2665389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: KAZUKO SMITH
Street Address (P.O. Box Number is Not Acceptable): 4231 S. FL AVE
City: LAKELAND FL Zip Code: 33813

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] KAZUKO SMITH 4-30-07
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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	KAZUKO SMITH	NAME	
STREET ADDRESS	4231 S. FL AVE, LAKELAND FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	WALTER SMITH	NAME	
STREET ADDRESS	4231 S FL AVE LAKELAND FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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: [signature] 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #