


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90073 035 \*\*\*150.00

DOCUMENT # P05000129699			
1. Entity Name TOKYO JAPANESE RESTAURANT INC.			
Principal Place of Business 6481 S. CHICKASAW TRIAL STE A102 ORLANDO, FL 32829		Mailing Address 6481 S. CHICKASAW TRIAL STE A102 ORLANDO, FL 32829	
2. Principal Place of Business - No P.O. Box # 6125 S. SEMORAN BLVD		3. Mailing Address 6125 S. SEMORAN BLVD	
Suite, Apt. #, etc. #103		Suite, Apt. #, etc. #103	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32822		Country USA	
4. FEI Number 02-0750743		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZHENG, KEVIN B 6481 S. CHICKASAW TRIAL STE A102 ORLANDO, FL 32829		7. Name and Address of New Registered Agent Name: MIN F CHEN Street Address (P.O. Box Number is Not Acceptable): 6125 S. SEMORAN BLVD #103 City: ORLANDO FL Zip Code: 32822	
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: <u>Min F Chen</u>		DATE: <u>4/29/07</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZHENG, KEVIN B 6481 S. CHICKASAW TRIAL STE A102 ORLANDO, FL 32829 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHEN, MIN F 6481 S. CHICKASAW TRIAL STE A102 ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP JINGXIN CHEN 6125 S. SEMORAN BLVD #103 ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP JING GUANG CHEN 6125 S. SEMORAN BLVD #103 ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Min F Chen</u>		DATE: <u>4/29/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

400000

