
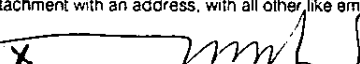


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90027 048 ***150.00

DOCUMENT # P05000152703					
1. Entity Name TOKYO JAPANESE STEAK HOUSE OF ORMOND BEACH INC.					
Principal Place of Business 175 S. NOVA RD. ORMOND BCH, FL 32174			Mailing Address 175 S. NOVA RD. ORMOND BCH, FL 32174		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3794639	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NGUYEN, SINH N 175 S NOVA RD ORMOND BCH, FL 32174			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	D NGUYEN, SINH N 353 JACK DR COCOA BCH, FL 32931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETTERS, KIMPHUONG N 4325 INDIAN RIVER DR COCOA, FL 32927	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VU, HUY L 353 JACK DR COCOA BCH, FL 32931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NGUYEN, SINH N 505 Chelsea Place Ave. Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VU, HUY L 505 Chelsea Place Ave. Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Peters, David B 4325 Indian River Drive Cocoa, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> 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: 				2/7/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

State of Florida
Department of Revenue

DOR Home | LogOut or Exit | Print Page
 State of Florida Tax Return

Help
 2/11/2008 8:10:24 PM E.T.
 Account #: AF1345738401
 DR15-EZ

Confirmation Number: 080211390929

Certificate Number	Collection Period	Confirm Date and Time
74-8013457384-8	01/2008	02/11/2008 5:10:24 PM ET

Location Address

175 S NOVA RD
 ORMOND BEACH, FL 32174-0408

**CLIENT
 COPY**

TOKYO JAPANESE STEAK HOUSE OF
 ORMOND BEA
 175 S NOVA RD
 ORMOND BEACH, FL 32174-0408

Debit Date: 2/19/2008
 Amount for Check: \$4562.23
 Bank Routing Number: 063107513
 Bank Account Number: *****5033
 Bank Account Type: Checking
 Corporate/Personal: Corporate

I hereby authorize the Department of Revenue to process this ACH transaction and to debit the checking account identified above. I understand there may be service charges assessed on any transactions not honored by my bank.

Signature: Rachel L.Siu
 Phone Number: 407-679-2433
 EMail: rachelsiucpa@gmail.com
 Address:

1. Gross Sales (Do not include tax) \$ 70325.16
 2. Exempt Sales (Include these in Gross Sales, Line 1) \$ 0.00
 3. Taxable Sales/Purchases \$ 70325.16

Discretionary Sales Surtax Information

A. Taxable Sales and Purchases Not Subject to Discretionary Sales Surtax \$ 0.00
 B. Total Discretionary Sales Surtax Collected \$ 351.63

You have chosen not to donate your collection allowance to education.

4. Total Tax Collected (Include Discretionary Surtax from Line B) \$ 4592.23
 5. Less Lawful Deductions \$ 0.00
 6. Less DOR Credit Memo \$ 0.00
 7. Total Tax Due \$ 4592.23
 8. a. Less (-) Collection Allowance, or if Late, b. Plus (+) Penalty and Interest \$ 30.00
 \$ 0.00
 9. Amount Due With Return \$ 4562.23

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