


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

08-09-2007 90054 036 \*\*\*150.00

**DOCUMENT # P06000034714**


1. Entity Name  
**KAI'S RESTAURANT, INC.**



Principal Place of Business Mailing Address  
**P O BOX 2711 WINTER PARK, FL 32790-2711** **P O BOX 2711 WINTER PARK, FL 32790-2711**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**120 EAST CONCORD ST** **120 EAST CONCORD ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**ORLANDO, FL** **ORLANDO, FL**  
 Zip Country Zip Country  
**32801** **32801**



06272007 Chg-P CR2E034 (12/06)

4. FEI Number **75-3247965** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**DRAVES, DONNA**  
**120 E CONCORD ST**  
**ORLANDO, FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE BOUCHA, MICKAEL</b> <b>P O BOX 2711</b> <b>WINTER PARK, FL 327902711</b> <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	<b>D</b> <b>DRAVES, JULIAN S</b> <b>P O BOX 2711</b> <b>WINTER PARK, FL 327902711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>120 EAST CONCORD ST</b> <b>ORLANDO, FL 32801</b>
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
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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:  **Julian S. Draves, Director - 6-27-07 407-257-6978**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #