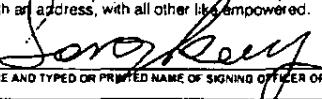


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/2/2007-90019-031-\$150.00-\$150.00

DOCUMENT # P06000112821			
1. Entity Name GINZA, INC.			
Principal Place of Business 176 OXFORD ROAD FERN PARK, FL 32730 US			
Mailing Address 176 OXFORD ROAD FERN PARK, FL 32730 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent KANG, SONG Y 176 OXFORD ROAD FERN PARK, FL 32730			
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
6. 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, typed or printed name of registered agent and title if applicable)			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P, O NAME KANG, SONG Y STREET ADDRESS 3440 GOLDENROD ROAD, #1312 CITY- ST-ZIP WINTER PARK, FL 32792		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST-ZIP	
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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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/21/2007 407-242-4412 Date Daytime Phone # 12	

FILED
07 NOV -8 PM 1:43

REINSTATEMENT
02218034 CR2E034 (12/06) 07



REINSTATEMENT
02218034 CR2E034 (12/06) 07

6. FEI Number
87-0780874 Applied For
Not Applicable

6. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

FL Zip Code

DATE

REINSTATEMENT 07

GINZA, INC
176 Oxford Road
Fern Park, FL 32730

November 5, 2007

TO: FLORIDA DEPT OF REVENUE

Division of Corporation.

GINZA, INC
Tax ID: 87-0780874
Document #P06000112821

I received a reinstatement notice dated on October 18, 2007. I filed a annual report for year 2007 on February 26, 2007 with a payment of \$150.00. You returned my annual report form back, which I don't know why. I enclosed a copy of my cleared check for a renewal fee of \$150.00.

I request a waiver of reinstatement fee of \$600.00 since I paid a renewal fee of \$150.00 in timely manner.

I'll greatly appreciate your prompt action.

Sincerely,



Song X Kang
President