2007 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 27, 2007 8:00 am Secretary of State DOCUMENT # P06000132867 08-13-2007 90020 047 ***150.00 FUJIÝAMA STEAK HOUSE INC. Principal Place of Business Mailing Address 66021513 5000 NORTH WICKHAM ROAD - SUITE ATT 5000 NORTH WICKHAM ROAD - SUITE ATT MELBOURNE, FL 32940 MELBOURNE, FL 32940 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 08022007 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WENG, ZHEN Q == Street Address (P.O. Box Number is Not Acceptable) 2103 SIERRA STREET MELBOURNE, FL 32935 City 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 | 1 am lamiliar with, and accept the obligations of registered agent SIGNATURE Signature, lyped of printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .10. OFFICERS AND DIRECTORS 11. Addition ☐ Change TATLE PD ☐ Delete TITLE WENG, ZHEN Q NAME MAME STREET ADORESS STREET ADDRESS 2103 SIERRA STREET MELBOURNE, 32 93540 CITY-ST-ZIP CITY ST-ZIP VD Delete TOTALE ☐ Channe ■ Addition HTLE CHEN, QIU Y NAME NAME 2103 SIERRA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP **MELBOURNE, 32 93540** THE TSD Delete TITLE Change ☐ Addition ZHENG, QIQ PARTIE NAME STREET ADDRESS 2103 SIERRA STREET STREET ADDRESS MELBOURNE, FL 32935 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change Addition THLE TITLE **SMAME** HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 path; 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 at Block 10 or Block 11 is changed, or on an attachment with an address with all other like empowered. SIGNATURE: X Davine Prone 6