

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90017 031 ***150.00

DOCUMENT # P06000139207

1. Entity Name

K & T GROUP RESTAURANTS, INC.



Principal Place of Business

10012 HIGHLAND WOODS CT
ORLANDO FL 32836

Mailing Address

10012 HIGHLAND WOODS CT
ORLANDO FL 32836



2. Principal Place of Business - No P.O. Box #

803 N. ORANGE AVE.

3. Mailing Address

803 N. ORANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

20-5823685

Applied For

Not Applicable

Zip

32801

Country

Zip

32801

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUMAGAI, MASSAIUKI
803 NORTH ORANGE AVE
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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KUMAGAI, MASSAIUKI	
STREET ADDRESS	803 NORTH ORANGE AVE	
CITY- ST- ZIP	ORLANDO FL 32801	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SAKURADA, TAKESHI	
STREET ADDRESS	803 NORTH ORANGE AVE	
CITY- ST- ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAKASHIMA, TAKANAO	
STREET ADDRESS	803 NORTH ORANGE AVE	
CITY- ST- ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	OKAMOTO, KENJI	
STREET ADDRESS	803 NORTH ORANGE AVE	
CITY- ST- ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

MASSAIUKI KUMAGAI

2/18/08

907-354-2285

Date

Daytime Phone #