FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
08 MAY 15 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

$150.00

DOCUMENT # P07000076 86

1. Entity Name
KUMO JAPANESE STEAK HOUSE & SUSHI BAR INC

66007419
1/16/08 90048 023 -
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1740 E VENICE AVE UNIT # 1 &2	1740, E Venice Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1
City & State: VENICE, FL	City & State: Venice FL
Zip: 34292 Country: USA	Zip: 34292 Country: USA

4. FEI Number: 20-8272684 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ZHU YING WU

Street Address (P.O. Box Number is Not Acceptable): 1740 E VENICE AVE UNIT 1 & 2

City: VENICE FL Zip Code: 34292

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	
STREET ADDRESS	1740 E VENICE AVE UNIT #1&2
CITY-ST-ZIP	VENICE, FL 34292
TITLE	President
NAME	Wu, zhu ying
STREET ADDRESS	1740 E Venice Ave, #1
CITY-ST-ZIP	Venice, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Zhu ying Wu 1/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #