2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # P07000051239** 04-21-2008 90064 048 ***150.00 1. Entity Name YANAGI JAPANESE STEAKHOUSE, INC. 40013444 Principal Place of Business Mailing Address 6428 US HIGHWAY 41 6428 US HIGHWAY 41 APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 Chg-P CR2E034 (12/06) 4. FEI Number 38 10 69 Applied For City & State City & State Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YU, GEORGE C Street Address (P.O. Box Number is Not Acceptable) **6428 US HIGHWAY 41** APOLLO BEACH, FL 33572 City Zip Code FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change Addition YU, GEORGE C NAME NAME **6428 US HIGHWAY 41** STREET ADDRESS STREET ADDRESS APOLLO BEACH, FL 33572 CITY-ST-ZIP CITY-ST-ZIP CHUMLEY, KUNY. 6428 US HWY 41 Apollo Beach FL 3 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Defete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Daytime Phone #