2008 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Jun 03, 2008 8:00 am Secretary of State

06-03-2008 90001 006 ***150 00

DOCUMENT # P07000065838

NAGASAKI JAPANESE STEAK HOUSE & SUSHI INC.



40107367 Principal Place of Business Mailing Address 3111 MAHAN DRIVE R13-16 3111 MAHAN DRIVE R13-16 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address
136 BowER Suite, Apt. #, etc. Suite, Apt. #, etc 05202008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 10RK 26-030/332 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZHENG, YING G Street Address (P.O. Box Number is Not Acceptable) 3111 MAHAN DRIVE R13-16 TALLAHASSEE, FL 32308 City Zip Code 8. The above named antity 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the . ; Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition ZHENG, YING G NAME NAME 3111 MAHAN DRIVE R13-16 STREET ADDRESS STRUET ADDRESS NO CHANGE NO CHANGE CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ZHENG, LI YONG NAME NAME 3111 MAHAN DRIVE R13-16 STREET ADDRESS STREET ADORESS TALLAHASSEE, FL 32308 CITY-ST-ZIE CITY-ST-ZIP MLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP

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 ergenwered 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 add s. with all other like empowered

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TWG GUANG ZHONG 5/20