

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90031 026 \*\*\*150.00

**DOCUMENT # P07000122684**

1. Entity Name  
**ICHIBAN FOOD, INC.**



Principal Place of Business  
**1520 BROADWAY SUITE 106  
FORT MYERS, FL 33901**

Mailing Address  
**1520 BROADWAY SUITE 106  
FORT MYERS, FL 33901**

00040100



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08012008

Chg-P

CR2E034 (12/06)

4. FEI Number

**33-1192804**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KEVY, KIM ESQ  
2110 CLEVELAND AVE  
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name **HOE CHONG MENG / O ICHIBAN FOOD, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1520 BROADWAY #106**  
**FORT MYERS FL 33901**  
City **FORT MYERS** FL Zip Code **33901**

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 **HOE, CHONG MENG, DIRECTOR**

DATE **8/1/08**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	HOE, CHONG MENG	
STREET ADDRESS	2773 PROVIDENCE STREET	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOE, CHONG MENG	
STREET ADDRESS	2773 PROVIDENCE STREET	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	HSIAO, YOKE KWAI	
STREET ADDRESS	6910 MAGNOLIA LANE	
CITY-ST-ZIP	FORT MYERS, FL 33966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HOE, CHONG MENG  
DIRECTOR**

DATE **8/1/08** 239-931-9130  
Daytime Phone #