
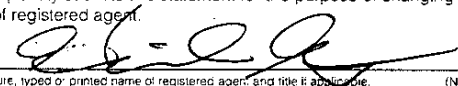
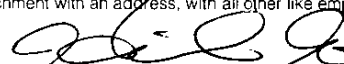


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90189 049 ***150.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # P97000089929 1. Entity Name KAZU, INC. | | | |  | |
| Principal Place of Business 17048-50 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160 | | | Mailing Address 3007 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33160 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 17048-50 West Dixie Highway Suite, Apt. #, etc. | | | |
| City & State | | City & State North Miami Beach, FL | | 4. FEI Number 65-0790221 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33160 | | Country Miami-Dade | | 02072006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent SHIGETOMI, HIROSHI 3007 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33160 | | | | 7. Name and Address of New Registered Agent Name SHIGETOMI, HIROSHI Street Address (P.O. Box Number is Not Acceptable) 17048-50 West Dixie Highway City North Miami Beach FL Zip Code 33160 | |
| 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  Hiroshi Shigetomi 2-26-06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHIGETOMI, HIROSHI 3007 N.E. 163RD STREET NORTH MIAMI BEACH, FL 33160 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17048-50 West Dixie Highway North Miami Beach, FL 33160 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  Hiroshi Shigetomi 2-26-06 (305)788-7512 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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