

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000077046**

1. Entity Name

TAISHO JAPANESE RESTAURANT CORAL GABLES, INC.



Principal Place of Business

2522 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

Mailing Address

2522 PONCE DE LEON BLVD  
CORAL GABLES FL 33134



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

3. Mailing Address

2522 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
CORAL GABLES, FL.

4. FEI Number 65-0863039

Applied For  
Not Applicable

Zip

Country

Zip

33134

Country

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

TACHIBANA, SHOZO  
11259 S.W. 90 LANE  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee is applicable.

(NOTE: Registered Agent signature required when reorganizing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**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  
NAME: D TACHIBANA, SHOZO ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP: 11259 S.W. 90 LANE  
MIAMI FL 33176

TITLE  
NAME: ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP: 000000742668  
05/15/07-80076-015 150.00

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP:

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NAME: ☐ Change ☐ Addition  
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CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/16/07 (305) 803-5642

Date

Daytime Phone #