

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000498

FILED  
Apr 29, 2012  
Secretary of State

Entity Name: KAIKO JAPANESE RESTAURANT, INC.

## Current Principal Place of Business:

2475 MCMULLEN BOOTH RD., SUITE F  
CLEARWATER, FL 33759

## New Principal Place of Business:

2475 MCMULLEN BOOTH RD., SUITE M  
CLEARWATER, FL 33759

## Current Mailing Address:

2475 MCMULLEN BOOTH RD., SUITE F  
CLEARWATER, FL 33759

## New Mailing Address:

2475 MCMULLEN BOOTH RD., SUITE M  
CLEARWATER, FL 33759

FEI Number: 59-3549231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAM, HOA K  
2475 MCMULLEN BOOTH RD SUITE F  
CLEARWATER, FL 33759 US

## Name and Address of New Registered Agent:

LAM, HOA K  
2475 MCMULLEN BOOTH RD SUITE M  
CLEARWATER, FL 33759 US

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.

SIGNATURE:

04/29/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSTD  
Name: LAM, HOA KHANH  
Address: 2475 MCMULLEN BOOTH RD SUITE M  
City-St-Zip: CLEARWATER, FL 34619

Title: VP  
Name: LAM, JUN  
Address: 2475 MCMULLEN BOOTH RD SUITE M  
City-St-Zip: CLEARWATER, FL 34619

Title: D  
Name: LAM, VINH  
Address: 2475 MCMULLEN BOOTH RD SUITE M  
City-St-Zip: CLEARWATER, FL 34619

Title: D  
Name: LAM, HIEN  
Address: 2475 MCMULLEN BOOTH RD SUITE M  
City-St-Zip: CLEARWATER, FL 34619

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOA LAM

P

04/29/2012

Electronic Signature of Signing Officer or Director

Date