


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**


04-29-2004 90305 007 \*\*\*150.00

<b>DOCUMENT # P99000004274</b>	
1. Entity Name <b>LITTLE TOKYO OF CITRUS PARK, INC.</b>	


Principal Place of Business <b>8017 CITRUS PARK TOWN CENTER STE 2010 TAMPA FL 33625</b>	Mailing Address <b>8017 CITRUS PARK TOWN CENTER STE 2010 TAMPA FL 33625</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>13310 N. 56th St</b> Suite, Apt. #, etc.
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City & State <b>Tampa, Florida</b>	City & State <b>Tampa, Florida</b>
Zip <b>33617</b>	Country <b>U.S.A.</b>

	
MOORE	CR2E034 (11/03)
4. FEI Number <b>59-3551798</b>	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent <b>PHAM-DIEP, MICHAEL 8017 CITRUS PARK TOWN CENTER # 2010 TAMPA FL 33625</b>	
7. Name and Address of New Registered Agent Name <b>Trung Q Pham-Diep</b> Street Address (P.O. Box Number is Not Acceptable) <b>9748 Lake Chase Island Way</b> City <b>Tampa</b> FL Zip Code <b>33626</b>	

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 	DATE <b>4/12/04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHAM-DIEP, TRUNG Q 8017 CITRUS PARK TOWN CENTER #2010 TAMPA FL 33625 <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	VP (EIM) WON Kim 1731 GLEN LAKE BLVD SAINT PETERSBURG FL 33702 <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
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
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 exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: 	4/29/04	813-983-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #