

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000004274

1. Entity Name
LITTLE TOKYO OF CITRUS PARK, INC.



FILED
Apr 26, 2007 08:00 A
Secretary of State

Principal Place of Business
8017 CITRUS PARK TOWN CENTER
STE 2010
TAMPA, FL 33625

Mailing Address
13310 N 56TH ST.
TAMPA, FL 33617



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
59-3551798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHAM-DIEP-TRUNG Q
9748 LAKE CHASE ISLAND WAY
TAMPA, FL 33626

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PHAM-DIEP, TRUNG Q
STREET ADDRESS 8017 CITRUS PARK TOWN CENTER #2010
CITY-ST-ZIP TAMPA, FL 33625

TITLE VP ☐ Delete
NAME KIM, WON
STREET ADDRESS 1731 GLEN LAKE BLVD
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

U00000733096
05/09/07-80074-006 150.00

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

TITLE ☐ Change ☐ Addition
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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: *Trung Q Pham Diep, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 813 983-0995
Date Daytime Phone #