

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90250 023 ***150.00

DOCUMENT # P99000058739

1. Entity Name
DRAGONFLY SUSHI & SAKE COMPANY, INC.



Principal Place of Business

**UNION ST STATION
201 SE 2ND AVE., #103
GAINESVILLE, FL 32601**

Mailing Address

**201 SE 2ND AVE., #103
GAINESVILLE, FL 32601**

40000304



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

DRAGONFLY SUSHI & SAKE CO.

3. Mailing Address

DRAGONFLY SUSHI & SAKE CO.

Suite, Apt. #, etc.

201 SE 2ND AVE., #104

Suite, Apt. #, etc.

201 SE 2ND AVE., #104

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

Zip

32601

Country

USA

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3624957

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEUNG, HIROFUMI P.M.
1534 NW 54TH DRIVE
GAINESVILLE, FL 32605**

7. Name and Address of New Registered Agent

Name **JJ LUCKEY & CO.**

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

4045 NW 43RD ST., STE A

City **GAINESVILLE**

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]
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

01/05/07

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 **LEUNG, HIROFUMI P.M.**
STREET ADDRESS **1534 NW 54TH DR**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **ED** ☐ Delete
NAME **KIM, SONG Y**
STREET ADDRESS **2636 SW 35TH PLACE, UNIT #20**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/07

DATE

352.371.7500

DAYTIME PHONE #