


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-24-2008 90045 027 ***150.00

DOCUMENT # P99000058739 1. Entity Name DRAGONFLY SUSHI & SAKE COMPANY, INC.	
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Principal Place of Business DRAGONFLY SUSHI&SAKE CO. 201 SE 2ND AVE., #104 GAINESVILLE, FL 32601	Mailing Address DRAGONFLY SUSHI&SAKE CO. 201 SE 2ND AVE., #104 GAINESVILLE, FL 32601
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66001999



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3624957	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JJ LUCKEY & CO. 4045 NW 43RD ST SUITE A GAINESVILLE, FL

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEUNG, HIROFUMI P.M. 1534 NW 54TH DR GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED KIM, SONG Y 2636 SW 35TH PLACE, UNIT #20 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: S. Y. Kim 02/29/08 352.371.3359
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #