

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

04-26-2004 90988 029 ***150.00

DOCUMENT # P99000065011 1. Entity Name KYOTO SUSHI AND SAKE LOUNGE, INC.	
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Principal Place of Business 25 N.E. 2ND AVENUE SUITE 208 DELRAY BEACH, FL 33444	Mailing Address 25 N.E. 2ND AVENUE SUITE 208 DELRAY BEACH, FL 33444
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66422649



04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0936138	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AGELOFF, MICHAEL 25 N.E. 2ND AVENUE SUITE 208 DELRAY BEACH, FL 33444
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PETERS, IRWIN 159 W 53RD ST #208 NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGGLOFF, MICHAEL 230 SE MITZNER BLVD #307 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, without other like empowered.

SIGNATURE: Michael Aggloff **MICHAEL AGELOFF** 5/12/04 561-702-5548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #