2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 8:00 am Secretary of State

DOCUMENT # P99000092146 1. Entity Name TOKYO JAPANESE STEAKHOUSE/SEAFOOD AND SUSHI BAR, INC.					01-26-2004 90012 041 ***150.00		
Principal Plac	e of Business	Mailing Address		_			
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Principal Place of Business Address Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192004	Chg-P	CR2E034 (10/03)	ı
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71		7:		59-3665	508		ot Applicable
Zip	Country	Zip .	Country	5. Certificate of	Status Desired	□ \$8.75 Ac Fee Requir	Iditional .
	6. Name and Address of Current	Pagistered Agent		7 Name and 8	ddress of New R	•	eu
	v. Name and Address of Quiteri	negiateled Agent	Name	7. Name and A	duless of New A	egistered Agent	
JESMONT	H, RICHARD E						
217 A EAST INTENDENCIA ST			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
PENSACC	DLA, FL 32501						
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,			City			FL Zip Co	de
9 The above	named entity submits this statement for	or the purpose of changing iters	nointerent office of receive	starod object or halb	in the Chate of El-	· ;	
the obligat	ions of registered agent.	or the purpose of changing its re	gistered office of regis	stered agent, or com,	an the State, of Fio	ırıda. ∓am tamıllar witn	, and accept_
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SIGNATURE_	Signature, typed or printed name of registered agen	t and tale if annitrable (NOTE: 6	Registered Agent signature requ	urad when remotet no.)		DATE	
<u> </u>	aginate, ipper of present name of regions agos	(1012.1	-governo rigent agricular requ	orea with resistating)		DATE	
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaigr Trust Fund Contrib		5.00 May Be			
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12. Thereby certify that the information supplied with this little does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, if turther 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 AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

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830-479-911

Daytime Phone #