

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000002025

Entity Name: BENIHANA, INC.

**Current Principal Place of Business:**

8750 NW 36TH STREET #300  
DORAL, FL 33178

**Current Mailing Address:**

8750 NW 36TH STREET #300  
DORAL, FL 33178

FEI Number: 65-0538630

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEODP  
Name STOCKINGER, RICHARD C  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

Title D  
Name DORNBUSH, DARWIN C  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

Title S  
Name MENDOZA, CRISTINA L  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

Title D  
Name ABDO, JOHN E  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

Title D  
Name BECKER, NORMAN H  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

Title D  
Name CASTELL, RONALD  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

Title D  
Name JAFFE, LEWIS  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

Title D  
Name LEVAN , ALAN  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: CRISTINA L MENDOZA , MGG

S

01/15/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name WEST, JOSEPH  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

Title D  
Name KATA, MICHAEL  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178

Title D  
Name GRAY, ADAM  
Address 8750 NW 36TH STREET #300  
City-State-Zip: DORAL FL 33178