


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90038 022 \*\*\*150.00

**DOCUMENT # F05000003562**

1. Entity Name  
**HIBACHI-SAN, INC.**



Principal Place of Business      Mailing Address  
**1683 WALNUT GROVE AVENUE**      **1683 WALNUT GROVE AVENUE**  
**ROSEMEAD, CA 91770**                      **ROSEMEAD, CA 91770**

**40007103**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01052007      Chg-P      CR2E034 (12/06)

4. FEI Number  
**95-4427868**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

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

City      **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input type="checkbox"/> Delete
NAME	ANDREW JIN-CHAN CHERNG	
STREET ADDRESS	2040 ASHBOURNE DRIVE	
CITY-ST-ZIP	S. PASADENA, CA 91030	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEGGY TSIANG CHERNG	
STREET ADDRESS	2040 ASHBOURNE DRIVE	
CITY-ST-ZIP	S. PASADENA, CA 91030	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIN, THOMAS	
STREET ADDRESS	9 CHERRY HILLS LANE	
CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILKINSON, R. MICHAEL	
STREET ADDRESS	6351 TURNBERRY CIRCLE	
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92648	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LIU, STANLEY N	
STREET ADDRESS	1188 E RUBIO ST	
CITY-ST-ZIP	ALTADENA, CA 91001	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CHENG, IRENE M	
STREET ADDRESS	1026 FOOTHILL ST	
CITY-ST-ZIP	SOUTH PASADENA, CA 91030	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1683 Walnut Grove Ave
CITY-ST-ZIP	ROSEMEAD CA 91770
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1683 Walnut Grove Ave.
CITY-ST-ZIP	ROSEMEAD CA 91770
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1683 Walnut Grove Ave
CITY-ST-ZIP	ROSEMEAD CA 91770
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1683 Walnut Grove Ave.
CITY-ST-ZIP	ROSEMEAD CA 91770
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **CEO 1-25-07** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #