


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000003562		
1. Entity Name HIBACHI-SAN, INC.		
Principal Place of Business 1683 WALNUT GROVE AVENUE ROSEMEAD, CA 91770	Mailing Address 1683 WALNUT GROVE AVENUE ROSEMEAD, CA 91770	

TOTAL PYMT 150.00 UNIT # 90007  
 VENDOR # 985009 GL # 7910  
 APPROVED BY [Signature] DATE 02/06/08



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4427868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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, 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	D ANDREW JIN-CHAN CHERNG 1683 WALNUT GROVE AVE ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEGGY TSIANG CHERNG 1683 WALNUT GROVE AVE ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIN, THOMAS 1683 WALNUT GROVE AVE ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILKINSON, R. MICHAEL 1683 WALNUT GROVE AVE ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000831095  
 02/27/08 20004-019 150.00

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: [Signature] CFD 2-6-08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #