

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000005981

1. Entity Name
KING'S HAWAIIAN BAKERY WEST, INC.



Principal Place of Business
**19161 HARBORGATE WAY
TORRANCE, CA 90501 US**

Mailing Address
**19161 HARBORGATE WAY
TORRANCE, CA 90501 US**



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3512164

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FITZGERALD, RICHARD JOHN
16410 DIAMOND PLACE
FT LAUDERDALE, FL 33331**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000572319
07/25/06-80026-008 558.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEEDA, SHELBY 42 SHEARWATER IRVINE, CA 92714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAIRA, CURTIS 22917 FELBAR AVENUE TORRANCE, CA 90505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAIRA, LEATRICE 22905 WADE AVENUE TORRANCE, CA 90505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

Mark Taira

7-10-06

(310) 533-3250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #