

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000043689

1. Entity Name  
D & D SUSHI INC



FILED

2007 MAR 23 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4420 NW 20TH PL  
GAINESVILLE, FL 32605

Mailing Address  
4420 NW 20TH PL  
GAINESVILLE, FL 32605



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

03152007

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-2549410

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENFIELD, RON  
58 SIOUX CIRCLE  
HAVANA, FL 32333

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DAL, THANG KHAN  
4420 NW 20TH PL  
GAINESVILLE, FL 32605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300095202439  
04/04/07--01036--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
NIANG, ZAM DON  
4420 NW 20TH PL  
GAINESVILLE, FL 32605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition  
B 3/23/07

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:

Thang Khan Dal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

Date

Daytime Phone #