

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 05, 2005 08:00 AM
Secretary of State**

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT# S42493 1. Entity Name NU SUSHI, INC. | | | | | |
| Principal Place of Business 1312 N UNIVERSITY DR CORAL SPRINGS FL 33071-6623 US | | | Mailing Address 1312 N UNIVERSITY DR CORAL SPRINGS FL 33071-6623 | | |
| 2. Principal Place of Business Suite, Apt #, etc. | | 3. Mailing Address Suite, Apt #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0254305 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AZUMA, YUJI 11720 NW 2ND DR CORAL SPRINGS FL 33071 | | | | 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 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE 2/01/05 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP AZUMA, YUJI 1312 N UNIVERSITY DR CORAL SPRINGS FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D AZUMA, EMIKO 1312 N UNIVERSITY DR CORAL SPRINGS FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHIMOURA, SHINICHI 1312 N UNIVERSITY DR CORAL SPRINGS FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 | | | U000000216719 02/05/05-80058-019 150.00 | | |
| SIGNATURE: | | | Date 2/01/05 Daytime Phone # | | |