


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90035 024 ***150.00

DOCUMENT # P98000071430 1. Entity Name SUSHIN EXPRESS, INC.			
Principal Place of Business 8332 SOUTH DIXIE HWY MIAMI FL 33143		Mailing Address 13641 DEERING BAY DR. 157 MIAMI FL 33158	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 159 Aragon Ave. Suite, Apt. #, etc.	
City & State Zip		City & State Coral Gables, FL Zip 33134	
Country		Country	
6. Name and Address of Current Registered Agent ABE, CHIKARA 13641 DEERING BAY DR. #157 MIAMI FL 33158		7. Name and Address of New Registered Agent Name ABE, CHIKARA Street Address (P.O. Box Number is Not Acceptable) 159 Aragon Ave. City Coral Gables FL Zip Code 33134	
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 3/18/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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 ABE, CHIKARA 13641 DEERING BAY DR. #157 CORAL GABLES FL 33158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABE, CHIKARA 159 Aragon Ave. Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ABE, YASUKO 13641 DEERING BAY DR. #157 CORAL GABLES FL 33158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ABE, YASUKO 159 Aragon Ave. Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KAZUHIME, ABE 13641 DEERING BAY DR. #157 CORAL GABLES FL 33158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KAZUHIME, ABE 159 Aragon Ave. Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/05