

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90069 043 \*\*\*158.75

**DOCUMENT # L05582**

1. Entity Name

**SUSHI BLUES CAFE INC.**



Principal Place of Business

2009 HARRISON ST  
HOLLYWOOD FL 33020  
US

Mailing Address

2009 HARRISON ST  
HOLLYWOOD FL 33020  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0133077**

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

**MASLAK, JUNKO**  
**928 NE 24TH AVE**  
**HALLANDALE FL 33009**

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 PD ☐ Delete  
NAME MASLAK, JUNKO  
STREET ADDRESS 928 NE 24TH AVE  
CITY-ST-ZIP HALLANDALE FL

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

TITLE ☐ Delete  
NAME ~~MASLAK, KEN~~  
STREET ADDRESS ~~928 NE 24TH AVE~~  
CITY-ST-ZIP ~~HALLANDALE FL 33009~~

TITLE ☐ Change ☒ Addition  
NAME VP D MASLAK KEN  
STREET ADDRESS 928 NE 24th. AVE.  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete  
NAME ~~MELISSA MASLAK~~  
STREET ADDRESS ~~928 NE 24TH AVE~~  
CITY-ST-ZIP ~~HALLANDALE FL 33009~~

TITLE ☐ Change ☒ Addition  
NAME TREASURER MARI CRABTREE  
STREET ADDRESS 244 Three Islands Blvd. #105  
CITY-ST-ZIP Hallandale FL 33009

TITLE ☐ Delete  
NAME ~~MARI CRABTREE~~  
STREET ADDRESS ~~244 Three Islands Blvd. #105~~  
CITY-ST-ZIP ~~HALLANDALE FL 33009~~

TITLE ☐ Change ☒ Addition  
NAME Secretary Melissa Maslak  
STREET ADDRESS 928 NE 24th. AVE  
CITY-ST-ZIP Hallandale FL 33009

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 #

*Junko Maslak* 1/27/04 954 929-9560