## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001737

MATSUDA, HIDEKI

1593 ZENITH WAY

WESTON, FL 33327

Name:

Address:

City-St-Zip:

**FILED** May 01, 2007 Secretary of State

Entity Name: FUSHU DAIKO INC. **Current Principal Place of Business: New Principal Place of Business:** 1593 ZENITH WAY WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 1593 ZENITH WAY WESTON, FL 33327 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORAES, FERNANDO 1593 ZENITH WAY WESTON, FL 33327 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MORAES, FERNANDO Name: Name: Address: 1593 ZENITH WAY Address: WESTON, FL 33327 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition CANE, CHARLES JR Name: Name: Address: 14580 NW 6TH CT Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition COVIN, KEVIN Name: Name: 1830 NW 26TH AVE Address: Address: City-St-Zip: FT LAUDERDALE, FL 33311 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CARLTON, YOSHIKO Name: Name: 4815 NW 2ND PLACE Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FERNANDO L. MORAES **PRES** 05/01/2007