

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

04-20-2005 90322 044 ***150.00
08-11-2005 90003 045 ***150.00

DOCUMENT # P00000014844

1. Entity Name
S.T.A.M. SUSHI, INC.



Principal Place of Business
3821 NW 67 PLACE
GAINESVILLE, FL 32653

Mailing Address
539 N. MILLS AVE
ORLANDO, FL 32803

2. Principal Place of Business

3. Mailing Address

3821 NW 67 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE, FL

Zip

Country

Zip

Country

32653

US

06282005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3614803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HTWE, THIN THUZAR
4229 NW 43RD ST #I-70
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name

HTWE, THIN THUZAR

Street Address (P.O. Box Number is Not Acceptable)

3821 NW 67 PLACE

City

GAINESVILLE

FL

Zip Code

32653

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]

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HTWE, THIN THUZAR
STREET ADDRESS 3821 NW 67TH PL
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE V ☐ Delete
NAME MAW, SETT
STREET ADDRESS 3821 NW 67 PLACE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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] THIN THUZAR HTWE

08.06.05

352-246-8565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #