

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/29,

FILED
May 20, 2004 8:00 am
Secretary of State

04-29-2004 90298 045 ***150.00

DOCUMENT # P00000046817

1. Entity Name
SUSHI KING CORPORATION



Principal Place of Business
**1727 CARSON AVENUE
LAKE WORTH, FL 33460**

Mailing Address
**1727 CARSON AVENUE
LAKE WORTH, FL 33460**

66423147



04102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1003180

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YONE, SHIKE
1727 CARSON AVENUE
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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 **X** **(SHIKE YONE) President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.26.04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **YONE, SHIKE**
STREET ADDRESS **1727 CARSON AVENUE**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **V**
NAME **AUNG, MAUNG L**
STREET ADDRESS **1727 CARSON AVENUE**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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: **X** **(SHIKE YONE) President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.17.04

Date

SG1.351.3217

Daytime Phone #