2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2004 8:00 am Secretary of State 03-26-2004 90009 039 ***150.00 DOCUMENT # P00000055181 SUSHI TO GO, INC. Principal Place of Business Mailing Address 2985 W COMMERCIAL BLVD 2985 W COMMERCIAL BLVD 54022562 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FELNumber - 65-1014073-Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WON, YOO TAEK Street Address (P.O. Box Number is Not Acceptable) 2985 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD THLE Delete THEE ☐ Addition WON, YOO TAEK NAME NAME 1115 GOLDEN CANE DR STREET ADDRESS STREET ADDRESS WESTON, FL 33327 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STHEFT ADDRESS CITY-ST-7P CITY-ST-7IP Delete TITLE मार ह Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP THE Delete Change mi ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete TITLE ☐ Change Addition ... NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIP Delete TITLE TITLE ☐ Change 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.

NAME

STREET ADDRESS CITY-ST-ZIP

MASAF

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED