

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90463 011 \*\*\*150.00

**DOCUMENT # P00000059624**

1. Entity Name

SUSHI GIRL, INC.



Principal Place of Business

5571 N WINSTON PARK BLVD  
#108  
COCONUT CREEK FL 33073

Mailing Address

5571 N WINSTON PARK BLVD  
#108  
COCONUT CREEK FL 33073

2. Principal Place of Business

5571 N Winston Park Blvd

Suite, Apt. #, etc.

# 102

City & State

Coconut Creek, FL

Zip

33073

Country

USA

3. Mailing Address

5571 N Winston Park Blvd

Suite, Apt. #, etc.

# 102

City & State

Coconut Creek FL

Zip

33073

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3649203

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOE, MYITZU  
5571 N WINSTON PARK BLVD  
#108  
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

SOE, MYITZU

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

5571 N Winston Park Blvd # 102

City

Coconut Creek

FL

Zip Code

33073

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

*Myitzu*

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

TITLE PD ☐ Delete  
NAME SOE, MYITZU  
STREET ADDRESS 5530 LYONS ROAD, #303  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE VD ☒ Delete  
NAME HTWE, ZIN MAR  
STREET ADDRESS 5530 LYONS ROAD, #303  
CITY-ST-ZIP COCONUT CREEK FL 33073

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Myitzu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

954.571-7696

Daytime Phone #