

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90542 038 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

14014663



<b>DOCUMENT # P00000083718</b> 1. Entity Name <b>SUSHI TAKARA II, INC.</b>					
Principal Place of Business <b>8930 STATE RD. 84, #263          DAVIE, FL 33324</b>			Mailing Address <b>8930 STATE RD. 84, #263          DAVIE, FL 33324</b>		
2. Principal Place of Business <b>3996 W HILLSBORO BLVD</b>		3. Mailing Address <b>3996 W HILLSBORO BLVD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DEERFIELD BEACH</b>		City & State <b>DEERFIELD BEACH</b>		4. FEI Number <b>65-1042834</b>	
Zip <b>FL 33442</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHAN, THANH PHUOC          8930 STATE RD. 84, #263          DAVIE, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>WONG, ELAINE Y L</b> Street Address (P.O. Box Number is Not Acceptable) <b>3996 W HILLSBORO BLVD</b> City <b>DEERFIELD BEACH FL</b> Zip Code <b>33442</b>		
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		<b>ELAINE WONG/PRESIDENT</b>		<b>4/27/2005</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPSD          PHAN, THANH PHUOC          8930 STATE RD. 84, #263          DAVIE, FL 33324</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD          WONG, ELAINE Y          1512 WHITEHALL DR. APT #204          FT. LAUDERDALE, FL 33324</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P S          3996 W HILLSBORO BLVD          DEERFIELD BEACH, FL 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP T          YEUNG PING LAU          3996 W HILLSBORO BLVD          DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE:		<b>ELAINE WONG</b>		<b>4/27/2005 (954) 698-9393</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	