## 2006 FOR PROFIT CORPORATION

## **FILED** Feb 15, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # P00000102309 1. Entity Name					Secre	tary or State
SUSHITE	HAI CORPORATION					
Principal Place	e of Business	Maining Address	·	1		
3341 N FEDERAL HWY 261 N.W. 16TH STREET						
UARLANU PA	RK, FL 33306	POMPANO BEACH, FL 33060		LICANO		
			<del></del>			
				02082008	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numt	Der	Applied For
				65-10	51711	Not Applicable
				5. Certificat	e of Status Desired	☐ \$8.75 Add:tional Fee Required
	6. Name and Address of Current Reg	istered Agent	Ţ	,		
VEERAWA		DΩ	NOT W	RITE		
1770 NE 43 STREET OAKLAND PARK, FL 33334						
011(121112	1 7 (1 (1 ) 1 DOOD 1			IN	THIS SF	ACE
					•	
	named entity submits this statement for the	e purpose of changing its register	red office or registe	ered agent, or b	oth, in the State of Fi	orlda. I am familiar with, and accep
the ophigas	sona or registereo agem.					
SIGNATURE	Signature, typed or printed name of registered agent and t	Ne If applicable (NOTE, Register	ed Agent signature require	ed when reinstating)		DATE
Fil. After M	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		5.00 May Be ded to Fees		•
10.	OFFICERS AND DIF	ECTORS	J			
TITLE	DV					
NAME STREET ADDRESS	VEERAWAT, TANITPORN 170 N.W. 97TH STREET	•				
City-St-ZIP	MIAMI, FL 33150				Hadaaa	ADDDD 1
TITLE NAME					113/01/06-	438831 -90020-010 1 <b>50.00</b>
STREET ADDRESS						
City-ST-ZIP			-			
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE
TITLE			1		THIS SI	
NAME				11.4	וכ פוחו	AUE
STREET ADDRESS						
TITLE			1			
NAME						
STREET ADDRESS CITY-ST-ZIP			1			

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

02/12/06

954 - 566 - 0855 Dayrime Phone #