2004 FOR DROET CORPORATION

SIGNATURE: (X

FILED Apr 19, 2004 8:00 am

ANNUAL REPORT					Secretary of State				
DOCUMENT # P010000 1. Entity Name SUSHI TANG, INCORPORATED	14596					_	004 ***150.00		
Principal Place of Business Mailing Address						240	140040		
1220 VALLEY CREEK RUN WINTER PARK, FL 32792		1220 VALLEY CREEK RUN Winter Park, Fl 32792		24048048					
Principal Place of Business 3. Mailing Address			·						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04162004	Chg-P	CR2E	034 (10/03)		
City & State City & State				4. FEI Number 59-3711			Applied For Not Applicable		
Zip Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				-7. Name and Address of New Registered Agent					
TANG, MEI L		Nam	ie						
1220 VALLEY CREEK RUN WINTER PARK, FL 32792			Street Address (P.O. Box Number is Not Acceptable)						
		City				F	Zip Code		
8. The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing	its registered offic	e or registere	ed agent, or both	, in the State of Fl	orida. I an	n familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered a	gent and title if applicable. (N	IOTE: Registered Agent si	ignature required v	when reinstating)		DATE			

4-16.04

409-691-6651 Daytime Phone #

FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees	,		
10. ' OFFICERS AND DIRECTORS			11.	ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TANG, NEI L 1220 VALLEY CREEK RUN WINTER PARK, FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ 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)(f). 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 AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR