


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90128 042 ***150.00

DOCUMENT # P01000018069 1. Entity Name SUSHI LIGHTHOUSE CORPROATION					
Principal Place of Business 836 SANCTURAY COVE RD N PALM BEACH, FL 33410			Mailing Address 836 SANCTURAY COVE RD N PALM BEACH, FL 33410		
2. Principal Place of Business Suite, Apt. #, etc. 1100 VIA ROYALE #1101			3. Mailing Address Suite, Apt. #, etc. 1100 VIA ROYALE #1101		
City & State JUPITER, FL			City & State JUPITER, FL		
Zip 33458		Country		Zip 33458	
Country		4. FEI Number 59-3696946			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAUNG, SHAR S 836 SANCTURAY COVE RD N PALM BEACH, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1100 VIA ROYALE #1101 City JUPITER FL Zip Code 33458	
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 <i>x [Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAUNG, SHAR S 836 SANCTURAY COVE RD N PALM BEACH, FL 33410	<input type="checkbox"/> Delete			
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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: <i>x [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

