

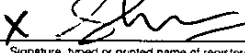
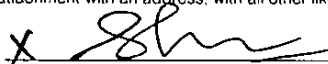


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90003 023 ***150.00

DOCUMENT # P01000018069 1. Entity Name SUSHI LIGHTHOUSE CORPROATION					
Principal Place of Business 1100 VIA ROYALE #1101 JUPITER, FL 33458			Mailing Address 1100 VIA ROYALE #1101 JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box # 9302 FIRENZE DR Suite, Apt. #, etc. APT 106		3. Mailing Address 9302 FIRENZE DR Suite, Apt. #, etc. APT 106			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 59-3696946	
Zip 33418		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAUNG, SHAR S 1100 VIA ROYALE #1101 JUPITER, FL 33458			7. Name and Address of New Registered Agent Name MAUNG, SHAR S. Street Address (P.O. Box Number is Not Acceptable) 9302 FIRENZE DR APT 106 City WEST PALM BEACH FL Zip Code 33418		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 1100 VIA ROYALE #1101 JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAUNG, SHAR S. 9302 FIRENZE DR. APT. 106 WEST PALM BEACH, FL 33418	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					