## →2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P01000025030

1. Entity Name BONSAI SUSHI, INC.

Principal Place of Business 2826 E. BEARSS AVE. TAMPA, FL 33613

Mailing Address

2826 E. BEARSS AVE, TAMPA, FL 33613

## **FILED** Mar 17, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3710256

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Hegistered Agent					3
PATTON, WILBERT 2826 E. BEARSS AVE. TAMPA, FL 33613		 	DO NOT WRITE IN THIS SPACE		
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. If am familiar with, and accept the obligations of registered agent.  SIGNATURE					
Signature, typed or printed name of registered agent and title (I applicable (NOTE Registered Agent signature				required when reinstating)	DATE
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees	U00000090440 03/17/04-80017-025 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-S1-2IP HTLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME NAME	D LEE, JUNG 2826 E. BEARSS AVE. TAMPA, FL 33613 D PATTON, WILBERT 4507 SWEETWATER LAKE DR. TAMPA, FL 33813				
STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		
TITLE NAME STREET ADDRESS				- '	· · · · · · · · · · · · · · · · · · ·

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 furifier 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 tustee empowered to execute this report as required by Chapter 807, 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:

CITY - ST - ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #