


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90052 005 \*\*\*150.00

<b>DOCUMENT # P01000106039</b>	
<b>1. Entity Name</b> TOKYO SUSHI CAFE, INC.	

<b>Principal Place of Business</b> 195 2ND AVE. NORTH ST PETERSBURG FL 33701	<b>Mailing Address</b> PO BOX 889112 DUNWOODY GA 30356
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<b>2. Principal Place of Business</b> 195 2ND AVE. NORTH	<b>3. Mailing Address</b> PO BOX 889112
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> ST PETERSBURG, FL	<b>City &amp; State</b> DUNWOODY, GA
<b>Zip</b> 33701	<b>Zip</b> 30356
<b>Country</b> U.S.A	<b>Country</b> U.S.A



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 58-2656748	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LIN, CHUN H 39522 U.S. 19 NORTH TARPON SPRINGS FL 34689	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> LIN, CHUN H		<b>NAME</b>	
<b>STREET ADDRESS</b> 39522 US 19 NORTH		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> TARPON SPRINGS FL 34689		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CHAN, LIK TO		<b>NAME</b>	
<b>STREET ADDRESS</b> 3059 CARA COURT		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PALM HARBOR FL 34684		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_