


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90326 029 ***150.00

DOCUMENT # P02000005416

1. Entity Name
GOSHI GOURMET ORIENTAL AND SUSHI HOUSE, INC.



Principal Place of Business
**5281 SOUTH FLORIDA AVENUE
 LAKELAND, FL 33813**

Mailing Address
**PO BOX 6622
 LAKELAND, FL 33807-6622**

50037722

2. Principal Place of Business
2900 Buckingham Ave

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Lakeland FL

City & State
 Suite, Apt. #, etc.

Zip
33803

Country
Polk



04052005 Chg-P CR2E034 (10/03)

4. FEI Number
80-0028982

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LY, PHUONG A
 5281 SOUTH FLORIDA AVE
 LAKELAND, FL 33813**

7. Name and Address of New Registered Agent

Name
Phuong A. Ly

Street Address (P.O. Box Number is Not Acceptable)
2900 Buckingham Ave

City, State, Zip Code
Lakeland, FL 33803

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 *Phuong A. Ly* **Phuong A. Ly - President** **4/13/05**

Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VO, PHUC 4729 HIGHLAND PLACE CIRCLE LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LY, PHUONG A 4729 HIGHLANDS PLACE CIRCLE LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Phuong A. Ly* **Phuong A. Ly - President** **4/13/05** **863-398-3545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #