


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000005416**

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



Principal Place of Business      Mailing Address

**4742 S FLORIDA AVE**      **PO BOX 6622**  
**LAKELAND, FL 33813**      **LAKELAND, FL 33807-6622**

**DO NOT WRITE IN THIS SPACE**



03172008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**80-0028982**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LY, PHUONG A**  
**4742 S FLORIDA AVE**  
**LAKELAND, FL 33813**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*      President      4/18/08

Signature, typed or printed name of registered agent (and title if applicable).      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000908277  
 05/06/08-20023-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VO, PHUC
STREET ADDRESS	1427 HOLLINGSWORTH OAKS DRIVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	P
NAME	LY, PHUONG A
STREET ADDRESS	1427 HOLLINGSWORTH OAKS DRIVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]*      4/18/08      863-398-3545

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