02/17/2004 12:16 8138887999 JOHN HSIUNG

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90006 027 ***158.75

DOCUMENT # P02000012604

1. Entity Name
FUJI SUSHI, INC.

Principal Place of Business	Mailing Address
6700 CONROY RD. SUITE 155 ORLANDO, FL 32835	6700 CONROY RD. SUITE 155 ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0544614
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWLADER, NABANI D
6700 CONROY RD
SUITE 155
ORLANDO, FL 32835

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KHAN, WAHIDUR R
STREET ADDRESS	2326 BAYS WATER CT.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VPD
NAME	HOWLADER, NABANI D
STREET ADDRESS	7123 YACHT BASIN AVE., STE. 324
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	TD
NAME	RAHMAN, MOHAMMED M
STREET ADDRESS	831 PONDEROSA PINE CT.
CITY-ST-ZIP	ORLANDO, FL 32825
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 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: N. D. Howlader 02-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #