## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P02000012604  1. Entity Name FUJI SUSHI, INC.							05-02-2005 90505 027 ***150.00			
Principal Place of Business Mailing Address					1					
6700 CONRO		3	6700 CONROY RD.							
SUITE 155	JI KU.		SUITE 155							
ORLANDO, FI	1. 32835		ORLANDO, FL 32835							
0.12.1130,12.3233										
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04282005 Chg-P CR2E03	4 (10/03)		
City & State			City & State			4. FEI Number 02-0544614	<u> </u>	plied For t Applicable		
Zip	Zip Country		Zip	Cour	ntry			8.75 Addi ee Required		
6. Name and Address of Current I			Registered Agent	egistered Agent			7. Name and Address of New Registered A	gent		
						Name				
HOWLADER, NABANI D 6700 CONROY RD					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 155 ORLANDO, FL 32835										
					City	<u> </u>	FL	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 SIGNAT										
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, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10. OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	IN 11	
TITLE	VP		☐ Delete	11.				☐ Change	Addition	
NAME	KHAN, W	AHIDUR R	E boids	NAA						
STREET ADDRESS	i .	'S WATER CT.		STR	EET ADDRESS					
CITY-ST-ZIP	ORLAND	O, FL 32837		City	r-st-zip					
TITLE	VPD		TUTL	E	VP	D	Change	Addition		
NAME	VPD   □ Delete   TITLE   HOWLADER, NABANI D   NAM					Hon	JLADER, NABANI D 6 GREATGREEN CT		_	
STREET ADDRESS	7123 YACHT BASIN AVE., STE. 324				EET ADDRESS	270	6 GREATGREEN CT			
CITY-ST-ZIP	ORLAND	O, FL 32835		cm	/-ST-ZIP	02	LANDO, FL 32835			
TITLE			Delete	TITL	Ę	VP		Change	Addition	
NAME	İ			NAN	1E   1	BE4	GUM, FERDOUSI		1	
STREET ADDRESS					eet address	270	16 GREATGREEN CT LANDO, FL 32835			
CITY-ST-ZIP				CITY	r-ST-ZIP	OR	LANDO, FL 32835			
TITLE			□ Delete	TITL	.E			☐ Change	Addition	
NAME	i			NAN	AE .					
STREET ADDRESS	l			STR	EET ADDRESS					
CITY-ST-ZIP				CITY	r-ST-ZIP					
TITLE			Delete	TITL	.Е			☐ Change	Addition	
NAME	N				4E					
STREET ADDRESS					eet address					
CITY-ST-ZIP				CITY	/-ST-ZIP					
RTLE			☐ Delete	TTTL				☐ Change	Addition	
NAME				Æ.						
STREET ADDRESS					EET ADDRESS				ł	
CITY-ST-ZIP	<u> </u>	········			/-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 supplier perital report is type 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 of 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 as address, with all other like empowered.										
changed	or on an att	achment with an address.	with all other like empow	ered.	add by Grap	10 00/	, monda diatotos, and trial my harrie appears in	PIOCK ID OI	DIOCK 111	

NA BANI D HO HEADER 4/27/04 407-4898519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED NAME OF SIGNATU