2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # P02000013961 1. Enlity Name SUSHI ROCK GRILL, INC. Principal Place of Business Mailing Address 5401 CENTRAL AVENUE 1018 MONTEREY BLVD, NE ST. PETERSBURG, FL 33704 ST. PETERSBURG, FL 33704 No Cha-P 02192004 CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0541083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHRS, DENIS A DO NOT WRITE 2575 ULMERTON RD., SUITE 210 CLEARWATER, FL 33762 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable U00000134314 04/28/04-80014-020 150.00 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HARRIS, LAURA L STREET ADDRESS 1018 MONTEREY BLVD. NE ST. PETERSBURG, FL 33704 CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY - ST - 7IP IN THIS SPACE THILE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED