## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 16, 2007 08:00 AN Secretary of State **DOCUMENT # P02000013961** 1. Entity Name SUSHI ROCK GRILL, INC. Mailing Address Principal Place of Business 1018 MONTEREY BLVD. NE **5401 CENTRAL AVENUE** ST. PETERSBURG, FL 33704 ST. PETERSBURG, FL 33704 04102007 No Chg-P CR2E034 (11/05) 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 famillar 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 stansture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE D HARRIS, LAURA L NAME STREET ADDRESS 1018 MONTEREY BLVD, NE CITY-ST-ZIP ST. PETERSBURG, FL 33704 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP \_\_\_U00000711127 n4/25/n7-80071-007 150.00

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 ampowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SUGNISH OFFICER OR OLDSCTOR

4/13/07 (777)433-1794