2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90276 034 ***150.00 DOCUMENT # P02000027310 SUSHI-KO EXPRESS CORP. ANTINO Y Principal Place of Business Mailing Address 100 SE 1ST AVENUE, #136 100 SE 1ST STREET SUITE 136 FT. LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 01-0646398 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARK, JONGHYEON Street Address (P.O. Box Number is Not Acceptable) 12850 WEST STATE ROAD 84 LOT#18-25 **DAVIE, FL 33325** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete Change Addition PARK, JONGHYEON -NAME NAME 12850 WEST STATE ROAD 84, #18-25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33325** CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition AHN, SOOHYANG NAME NAME STREET ADDRESS 12850 WEST STATE ROAD 84, #18-25 STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33325** CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mn≠ ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

954, 599.1662

Davime Phone #