2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P02000027310 04-30-2007 90839 015 ***150.00 SUSHI-KO EXPRESS CORP. Principal Place of Business Mailing Address 100 SE 1ST STREET SUITE 136 100 SE 1ST AVENUE, #136 FT. LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. 04162007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 01-0646398 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7) Name and Address of New Registered Agent Name Kvung PARK, JONGHYEON Box Number is Not Acceptable) 12850 WEST STATE ROAD 84 *107TH* LOT#18-25 **DAVIE, FL: 33325** (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 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Hew Delete resident TITLE TITLE ☐ Addition Jae Kung Kim NAME PARK, JONGHYEON NAME 1225 NW 107TH TERR STREET ADDRESS 12850 WEST STATE ROAD 84, #18-25 STREET ADDRESS **DAVIE, FL 33325** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change □ Addition NAME AHN, SOOHYANG NAME 12850 WEST STATE ROAD 84, #18-25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE. FL 33325** CITY-ST-ZIP ☐ Delete TETLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE 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 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 empowered.