


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90062 005 ***150.00

| | |
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| DOCUMENT # P02000036535 |  |
| 1. Entity Name TOKYO SUSHI, INCORPORATED | |

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|---|---|
| Principal Place of Business 7832 WEST HIGHWAY 192 KISSIMMEE, FL 34747 | Mailing Address 7832 WEST HIGHWAY 192 KISSIMMEE, FL 34747 |
|---|---|

| | | | |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc | | Suite, Apt #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

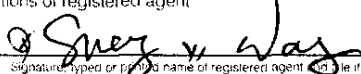


03122004 Chg-P CR2E034 (10/03)

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|---|--|--|
| 4. FEI Number 42-1536154 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent LIANG, BRIAN 1226 E. COLONIAL DRIVE SUITE B ORLANDO, FL 32803 | | 7. Name and Address of New Registered Agent Name Wang, Sheng Yi Street Address (P.O. Box Number is Not Acceptable) 7832 W Highway 192 City Kissimmee FL Zip Code 34747 | |
|---|--|---|--|




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  **Wang, Sheng Yi** 8/3/13/04
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WANG, SHENG YI 7832 WEST HIGHWAY 192 KISSIMMEE, FL 34747 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WANG, SAM 7832 WEST HIGHWAY 192 KISSIMMEE, FL 34747 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **Wang, Sheng Yi**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #