

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90245 011 ***150.00

DOCUMENT # P02000090511



1. Entity Name
LILY OCEAN STAR SUSHI, INC.

Principal Place of Business
**357 6TH AVE. W.
BRADENTON FL 34205**

Mailing Address
**357 6TH AVE. W.
BRADENTON FL 34205**



2. Principal Place of Business
3608-EAST BAY DRIVE

3. Mailing Address
3608-EAST BAY DRIVE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HOLMES BEACH FLORIDA

City & State
HOLMES BEACH, FLORIDA

Zip Country
34217 USA

Zip Country
34217 USA

4. FEI Number
22-3865962

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LU, WEN XUAN
357 6TH AVE. W.
BRADENTON FL 34205

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LU, WEN XUAN | |
| STREET ADDRESS | 338 HIGHLAND SHORES DRIVE | |
| CITY-ST-ZIP | ELLENTON FL 34222 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|--|
| TITLE | P/DIC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LU, WEN XUAN | |
| STREET ADDRESS | 338-HIGHLAND SHORES DRIVE | |
| CITY-ST-ZIP | ELLENTON FL 34222 | |
| TITLE | SIT/VI | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LU, KIM CHI | |
| STREET ADDRESS | 338 Highland Shores Dr. | |
| CITY-ST-ZIP | Ellenton, FL 34222 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03
Date

Daytime Phone #

CR2E034 (10/02)