

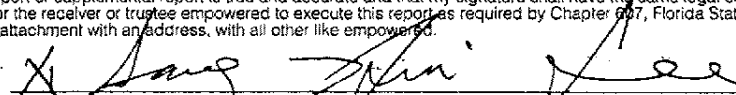


FILED
Mar 14, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000005072		
1. Entity Name SUSHI ROCK CAFE, INC.		
Principal Place of Business 1950 SAN MARCO BLVD, STE 001 JACKSONVILLE, FL 32207		Mailing Address C/O YU D. HAN, C.P.A. 4401 EMERSON ST STE 8 JACKSONVILLE, FL 32207
DO NOT WRITE IN THIS SPACE		
		 03112005 No Chg-P CR2E034 (10/03)
		4. FEI Number 02-0674813 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEE, SANG H 8675 CANOPY OAKS DR JACKSONVILLE, FL 32256		DO NOT WRITE 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 familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE 11000000262544 03/14/05-80052-025 150.00
TITLE	DPST	
NAME	LEE, SANG H	
STREET ADDRESS	8675 CANOPY OAKS DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		