
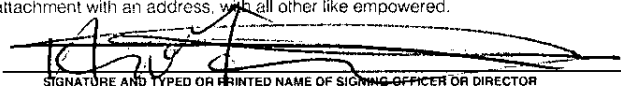


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 NOV 17 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000050291			
1. Entity Name FUJI SUSHI BAR & GRILL, INC.			
Principal Place of Business 6235 N. DAVIS HIGHWAY 116 B PENSACOLA, FL 32504		Mailing Address 6235 N. DAVIS HIGHWAY 116 B PENSACOLA, FL 32504	
2. Principal Place of Business 6235 N. Davis Hwy Suite, Apt. #, etc. 116 B City & State Pensacola, FL 32504 Zip 32504 Country		3. Mailing Address 6235 N Davis Hwy Suite, Apt. #, etc. 116 B City & State Pensacola FL 32504 Zip 32504 Country	
6. Name and Address of Current Registered Agent WANG, HAI FENG 1205 MAZUREK BLVD. PENSACOLA, FL 32514		7. Name and Address of New Registered Agent 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 renewing) DATE _____			
Amended AR is \$61.25		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	P WANG, HAI FENG 1205 MAZUREK BLVD. PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500042829069 Change <input type="checkbox"/> Addition 11/17/04--01030--015 **70.00
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
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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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
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: 		DATE _____ Daytime Phone # _____	