## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 28, 2005 8:00 am **DOCUMENT # P03000050291 Secretary of State** 02-28-2005 90212 020 \*\*\*163.75 FUJI SUSHI BAR & GRILL, INC. Principal Place of Business Mailing Address 6235 N. DAVIS HIGHWAY, STE 116B 6235 N. DAVIS HIGHWAY, STE 116B PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address 6235 N. DAUIS HWY. 6235 N. DAVIS Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 163 City & State 4. FEI Number Applied For 57-1168952 Pensacola Fl Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WANG, HAI FENG Street Address (P.O. Box Number is Not Acceptable) 1205 MAZUREK BLVD. PENSACOLA FL 32514 City 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, typed of printed name of registered FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME WANG, HAI FENG NAME STREET ADDRESS 1205 MAZUREK BLVD. STREET ADDRESS PENSACOLA FL 32514 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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

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