## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # P03000050291 1. Entity Name 02-10-2006 90019 045 \*\*\*150.00 FUJI SUSHI BAR & GRILL, INC. Principal Place of Business Mailing Address 6235 N. DAVIS HIGHWAY 6235 N. DAVIS HIGHWAY, STE 116B PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address 6235 N 6235 N. DAUIS Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 116B City & State City & State 4. FEI Number Applied For Pensacola 57-1168952 nsacola Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent WANG, HAI FENG Street Address (P.O. Box Number is Not Acceptable) 1205 MAZUREK BLVD. PENSACOLA FL 32514 1205 MazuREK 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. (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete Addition NAME WANG, HAI FENG NAME STREET ADDRESS 1205 MAZUREK BLVD. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP TITLE TITE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE\_\_ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME 1205 MAZURER BLUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Chance 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 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED