## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 12, 2007 8:00 am Secretary of State DOCUMENT # P03000103751 04-12-2007 90023 028 \*\*\*150.00 FUJI SUSHI & GRILL, INC. Principal Place of Business Mailing Address 4495 ROOSEVELT BLVD #314 4495 ROOSEVELT BLVD #314 JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 731 DUVAL 731 11A1122 Suite, Apt. #, etc. 03282007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number 56-2398317 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLACE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3805 UNIVERSITY BLVD/W JACKSONVILLE, FL 32217 Zip Code FL 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. Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition JIN QI. LIU NAME NAME 4495 ROOSEVELT BV #314 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE VP ☐ Delete ☐ Change ☐ Addition YI GONG, LIU NAME NAME 4495 ROOSEVELT BV #314 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE ☐ 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 TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CHTY-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 Chapter 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #