2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 09, 2007 08:00 AM DOCUMENT # P03000121260 **Secretary of State FUGU CORPORATION** Principal Place of Business Mailing Address 4615 GULF BLVD., #210 ST PETE BEACH FL 33706 **BLUE FUGU STEAKHOUSE** SUITE 210 ST PETE BEACH FL 33706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 43-2032974 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Cortificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRAN, TUE C 4615 GULF BLVD., #210 Street Address (P.O. Box Number is Not Acceptable) ST PETE BEACH FL 33706 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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. nne ☐ Change ☐ Addition Delete TITLE NGUYEN, BICH NGOC NAME NAME 4615 GULF BLVD, SUITE 210 STREET ADDRESS STREET ADDRESS U000000661409 ST. PETE BEACH FL 33706 CHY-ST-ZIP CITY-S1-7IP 20/07-80<u>040-002 150.00</u> Delete ☐ Change Addition TRAN, TUE C NAME. 4615 GULF BLVD., SUITE 210 STREET ADDRESS STREET ADDRESS ST. PETE BEACH FL 33706 CITY-ST-ZIP CITY-ST-ZIP !ITLE ☐ Detete ☐ Change Addition TITLE NGUYEN, THANH-BINH N NAME: NAME 4615 GULF BLVD., #210 STREET ADDRESS STREET ADDRESS ST PETE BEACH FL 33706 City-SI-7IP CITY-SI-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Delcte Addition IIILE RILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Addition ☐ Delete NAME STIRET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 119. Florida Statutos | further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receivor 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:

SIGNATURE AND TYPED OF PRINTED

BICHNERS ALTUTEN

3/6/07

(727)204-6713

Daylime Phone #