

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90472 048 ***150.00

DOCUMENT # P03000138906					
1. Entity Name SUSHI NIKKEI, CORP.					
Principal Place of Business 4240 NW 79 AVE APT #2C EL DORAL, FL 33166			Mailing Address 4240 NW 79 AVE APT #2C EL DORAL, FL 33166		
2. Principal Place of Business <i>135 Ocean Dr.</i>		3. Mailing Address <i>135 Ocean Dr.</i>			
Suite, Apt., etc. <i>APT # 606</i>		Suite, Apt., etc. <i>APT # 606</i>		04292005 Chg-P CR2E034 (10/03)	
City, State <i>Miami Beach, FL</i>		City, State <i>Miami Beach, FL</i>		4. FEI Number 77-0614519	
Zip Country <i>33139 U.S.A.</i>		Zip Country <i>33139 U.S.A.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAWAHARA, ARMANDO TAKAMOTO 4240 NW 79 AVE APT #2C EL DORAL, FL 33166			7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) <i>135 Ocean Drive APT #606</i> City, State, Zip <i>Miami Beach FL 33139</i>			Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip		
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: <i>[Signature]</i> <i>PRESIDENT</i> <i>4/28/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <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 KAWAHARA, ARMANDO TAKAMOTO 4240 NW 79 AVE APT #2C EL DORAL, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAWAHARA, ARMANDO TAKAMOTO 135 Ocean Dr APT #606 Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MELLADO, CESAR A 4240 NW 79 AVE APT #2C EL DORAL, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MELLADO, CESAR A 135 Ocean Dr, APT #606 Miami Beach, FL 33139	<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
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
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: <i>[Signature]</i> <i>PRESIDENT</i> <i>4/28/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					