2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 08:00 All Secretary of State

ANNOAL REFORT					Sometawy of St.			
1. Entity Nam	MENT # P030001417 buse sushi bar & grill, i		Secretary of St					
Principal Plac	e of Business	Mailing Address	1000	1				
5614 LILLY ST		5614 LILLY ST PANAMA CITY, FL 32404						
			• .					
	O NOT WRITE	IN THIS SDA	ĈE .	04112008	No Chg-P	CR2E034 (11		
	O NOT WRITE	IN THIS SEA	CL	4. FEI Numb 26-007		-	Applied For Not Applicable	
i in	, r		***	5. Certificate	of Status Desired	□ \$8.75 Fee Re	5 Additional equired	
1210 BAB	6. Name and Address of Current Re S, PAO SU LIN BY LANE CITY, FL 32404	gistered Agent		4.0	NOT W		dir (B)	
the obligati	named entity submits this statement for thors of registered agent. Signature, typed or printed name of registered agent and		ed office or register			orida Tam familiar DATE 하기도구구소	with, and accept	
FiLI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	S. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	~~~~~	-80065-015	150.00	
10.	OFFICERS AND DI	RECTORS	-		1 a 2 1	Pt .		
NAME SIREEI ADDRESS CITY-SI-ZIP	D ETCHELLS, PAO SU LIN 1210 BABBY LANE PANAMA CITY, FL 32404							
NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, CHENG LUNG 110 SWAN DR PANAMA CITY, FL 32404					the Care of the		
TITLE NAME STREET ADDRESS				DΩ	NOT W	/RITE	55.	
CHY-SI-ZIP THEE NAME SIREET AUDRESS CHY-SI-ZIP THEE					THIS SI			
· * * * * * * * * * * * * * * * * * * *						F 48 MET 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

12. Thereby 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.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15-08 8507470052