


**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P04000044624</b>			
<b>1. Entity Name</b> MINGALAR SUSHI, INC.			
<b>Principal Place of Business</b> 1101 NW 39TH AVE APT A4 GAINESVILLE, FL 32609    US		<b>Mailing Address</b> 1101 NW 39TH AVE APT A4 GAINESVILLE, FL 32609    US	
<b>2. Principal Place of Business</b> 3236 NW 30th PL Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3236 NW 30th PL Suite, Apt. #, etc.	
<b>City &amp; State</b> GAINESVILLE FL Zip: FL-32605    Country: US		<b>City &amp; State</b> GAINESVILLE FL Zip: FL-32605    Country:	
<b>6. Name and Address of Current Registered Agent</b>			
LWIN, TINT 1101 NW 39TH AVE APT A4 GAINESVILLE, FL 32609		Name: LWIN	
		Street Address:	
		City: 3236 GAINESVILLE	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5 Ad</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE: P <input type="checkbox"/> Delete		TITLE:	
NAME: LWIN, TINT		NAME:	
STREET ADDRESS: 1101 NW 39TH AVE APT A4		STREET ADDRESS:	
CITY-ST-ZIP: GAINESVILLE, FL 32609		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			