2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # P04000044 AR SUSHI, INC.	624			03-11-20	05 90307 0	39 ***1	50.00	
Principal Place 1101 NW 39 APT A4 GAINESVILLS	TH AVE	Mailing Address 1101 NW 39TH AVE APT A4 GAINESVILLE, FL 32609	US						
3236 Suite, Apt.	WW 20 1 F	oth PL	01032005	Chg-P	CR2E03	4 (10/03)	HUEK II FREE		
	RESVILLE FL	City & State GAINESVILL		4. FEI Numb	Br	•	-	plied For Applicable	
FL-3		FL-32605	Country		of Status Desired	Ė	8.75 Add		
	6. Name and Address of Current	недізтегео Адепт	Name		Address of New	Hegistered Ag	jent		
					(P.O. Box Number is Not Acceptable)				
	LLE, FL 32609	323	6 NN	30 th	PL_	T = 0=4			
				MESVIL		FL		2605	
	named entity submits this statement for tions of registered agent. '	пперафозе от спанущу из гед	distalad ourca or tadio	stered agent, or bo	in, in the State of	nonua. Tamia	(IIIIIZI WIU),	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable, (NOTE: Re	egistered Agent signature requ	ulred when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		55.00 May Be Added to Fees					
10.	OFFICER\$ AND		11.	ADDITIONS	CHANGES TO O	FFICERS AND I	DIRECTORS		
NAME STREET ADDRESS	P LWIN, TINT 1101 NW 39TH AVE APT A4	☐ Delete	ITILE NAME STREET ADDRESS				Change	Addition	
CITY-ST-ZIP	GAINEVILLE, FL 32609		CITY-ST-ZIP			· · · ·			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition	
CITY-ST-ZIP			CITY-ST-ZIP						
NAME STREET ADORESS		Delete	NAME .				Change	☐ Addition ;	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE		 		☐ Change	☐ Addition	
NAME - STREET ADDRESS - CITY-ST-ZIP		- .	NAME "STREET ADDRESS CITY-ST-ZIP	·	-	المالية المالية		~~ ~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	•			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
12. I hereby indicated of the col	Lectify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee empor, or on an attachment with an address.	swered to execute this report as	e exemption stated in signature shall have the	Section 119.07(3) he same legal effe 607, Florida Statut	(i), Florida Statute of as if made unde es; and that my na	s. I further certif er oath; that I an ime appears in	y that the in an officer Block 10 or	nformation or director Block 11 if	