

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/1 **FILED**
Mar 10, 2008 8:00 am
Secretary of State
02-12-2008 90014 010 ***150.00

DOCUMENT # P04000123317 1. Entity Name OSAKA SUSHI ROCKS INC.					
Principal Place of Business 34745 EMERALD COAST PKWY. DESTIN FL 32541			Mailing Address 34745 EMERALD COAST PKWY. DESTIN FL 32541		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		Country 	
6. Name and Address of Current Registered Agent CHOU, CHIMMIN 34745 EMERALD COAST PKWY. DESTIN FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when submitting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOU, CHIMMIN 34745 EMERALD COAST PKWY. DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHOU, GREGORY 34745 EMERALD COAST PKWY. DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHOU, ANNIE C 34745 EMERALD COAST PKWY. DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Chimmin Chou</u> 2-2-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					