


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000130411					
1. Entity Name AKI SUSHI CORPORATION					
Principal Place of Business 303 SE 17TH STREET SUITE 306 OCALA, FL 34471 US			Mailing Address 2 MOTT STREET SUITE 505A NEW YORK, NY 10013 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent LIN, ZHUO LIANG 303 SE 17TH STREET SUITE 306 OCALA, FL 34471				7. Name and Address of New Registered Agent Name De Jiang Zheng Street Address (P.O. Box Number is Not Acceptable) 303 SE 17th Street, Suite 306 City Ocala FL Zip Code 34471	
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 <u><i>De Jiang Zheng</i></u> De Jiang Zheng, President 09/08/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <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 LIN, ZHUO LIANG <input checked="" type="checkbox"/> Delete 303 SE 17TH STREET, SUITE 306 OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition De Jiang Zheng 303 SE 17th Street, Suite 306 Ocala FL 34471	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CAO, QIAO YING <input type="checkbox"/> Delete 303 SE 17TH STREET, SUITE 306 OCALA, FL 34471		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200061482432 11/16/05--01042--005 **70.00	
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: <u><i>De Jiang Zheng</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			09/08/2005 Date		352-369-3388 Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1671618** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required