## 2007 FOR PROFIT CORPORATION

## Mar 14, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P04000166169** 03-14-2007 90023 048 \*\*\*150.00 1. Entity Name HIRO'S SUSHI EXPRESS HOLDING COMPANY, INC. Principal Place of Business Mailing Address 400351// 15417 N.W. 21ST AVENUE 15417 N.W. 21ST AVENUE N MIAMI BEACH, FL 33162 N MIAM! BEACH, FL 33162 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7048 West Dixic HWY. 15421 N.E. 21st Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 03102007 Chg-P CR2E034 (12/06) City & State Applied For 4. FFI Number North Miami Beach Beach J. Miami 71-0994290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHIGETOMI, HIROSHI Street Address (P.O. Box Number is Not Acceptable) 17048 WEST DIXIE HWY N MIAMI BEACH, FL 33160 City 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. 3-12-07 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed n 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHIGETOMI, HIROSHI NAME NAME 15417 N.W. 21ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH, FL 33162 CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE Delete ☐ Change ΠΠE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

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NAME

STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**