2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024172

City-St-Zip:

MIAMI, FL 33160

FILED Mar 16, 2006 Secretary of State

Entity Nar	me: SUSHI HOUSE, CO.			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
15911 BISCAYNE BLVD MIAMI, FL 33160			15911 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33160	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
231-174 STREET, SUITE 1218 SUNNY ISLES, FL 33160			15911 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33160	
FEI Number:	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of I	Name and Address of New Registered Agent:	
SORSHER, ALEX 2500-1 N STATE ROAD 7 HOLLYWOOD, FL 33021 US		SUITE 290	11900 BÍSCAYNE BLVD	
The above in the State	named entity submits this statement for the of Florida.	e purpose of changing its registered of	office or registered agent, or both,	
SIGNATUR	RE: KIM MARKS		03/16/2006	
	Electronic Signature of Registered A	Agent	Date	
Election Car	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete IZGARSHEVA, SVETLANA 231-174 STREET STE 1216 SUNNY ISLES, FL 33160	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () Delete KOSTERINA, IRINA 3422 NE 171 STREET N MIAMI BEACH, FL 33160	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	T () Delete KOYFMAN, MARK 15911, BISCAYNE BLVD	Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARK KOYFMAN 03/16/2006 Τ