

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000024172

FILED
May 13, 2009
Secretary of State**Entity Name:** SUSHI HOUSE, CO.**Current Principal Place of Business:**15911 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33160**New Principal Place of Business:****Current Mailing Address:**15911 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33160**New Mailing Address:**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:**MARKS, KIM
11900 BISCAYNE BLVD
SUITE 290
NORTH MIAMI, FL 33181 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: KOSTERINA, IRINA
Address: 16001 COLLINS AVE APT 402
City-St-Zip: SUNNY ISLES, FL 33160**Title:** VP (X) Delete
Name: KOYFMAN, MARK
Address: 15911 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33160**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: KOSTERINA, IRINA
Address: 15911 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33160**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: IRINA KOSTERINA

P

05/13/2009

Electronic Signature of Signing Officer or Director_____
Date