

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90062 029 ***150.00

DOCUMENT # P05000096210

1. Entity Name
SUSHI EXTREME, INC.



Principal Place of Business
**1919 EAST 7TH AVENUE
TAMPA, FL 33605 US**

Mailing Address
**1919 EAST 7TH AVENUE
TAMPA, FL 33605 US**

40127522



2. Principal Place of Business - No P.O. Box #
4621 WHISPERING WIND AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 272989
Suite, Apt. #, etc.

07102007 Chg-P CR2E034 (12/06)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3811473
Applied For
Not Applicable

Zip
33614
Country
USA

Zip
33688
Country
USA

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

6. Name and Address of Current Registered Agent

**DINH, KHUE
1919 E 7TH AVE
TAMPA, FL 33605**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4621 WHISPERING WIND AVE

City
TAMPA

FL

Zip Code
33614

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DINH, KHUE
4621 WHISPERING WIND AVE
TAMPA, FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE:

[Signature]

KHUE DINH, PRESIDENT

7-12-07 (813) 359-7728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #