2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000112227

1. Entity Name SUSHIKO JAPANESE RESTAURANT INC.



FILED Mar 15, 2007 08:00 AM Secretary of State

Principal Place of Business

17503D PRESERVE WALK LANE TAMPA, FL 33647 US

Mailing Address

10091 58 STREET N. PINELLAS PARK, FL 33782

782 US



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3288433

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAN, WAI SHIK 10091 58 STREET NORTH PINELLAS PARK, FL 33782

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered age it. Signalure, typed or printed name of registered agent and title if			egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			THE RESERVE TO THE RE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAN, WAI SHIK 10091 58 STREET N. PINELLAS PARK, FL 33782				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANG CHAN, LONI 10091 58 STREET N. PINELLAS PARK, FL 33782				U00000667471 03/26/07-80029-022 150.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		•
TITLE					i di

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 chapter 607, or on an attachment with an address, with the lighter like empowered.

SIGNATURE: 2

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #