## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P05000118230 1. Entity Name TOMO SUSHI & GRILL, INC.

**FILED** Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2405 S HIAWASSEE RD ORLANDO, FL 32835 US 2405 S HIAWASSEE RD ORLANDO, FL 32835



## DO NOT WRITE IN THIS SPACE

01312007 No Chg-P		CR2E034 (1	CR2E034 (11/05)			
4. FEI Number				Applied For		

20-3356559 Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CHIANG, CHIAO L 2405 S HIAWASSEE RD ORLANDO, FL 32835

## DO NOT WRITE IN THIS SPACE

				,	,		
the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	red office or re	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature)				required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	~ ~	\$5.00 May Be Added to Fees	000000677415 03/30/07-80103-014	150.00	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIANG, CHIAO L 2405 S HIAWASSEE RD ORLANDO, FL 32835			· · ·			
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VP KHOO, KWEE SING 2405 S HIAWASSEE RD ORLANDO, FL 32835				•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN '	THIS SPACE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I (urther 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:	
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TITLE

NAME STREET AODRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #