

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90203 025 \*\*\*158.75

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04212007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000039367					
1. Entity Name ZAW & SAN SUSHI CORPORATION					
Principal Place of Business 100 W HIDDEN VALLEY BLVD 401 BOCA RATON, FL 33487 D		Mailing Address 100 W HIDDEN VALLEY BLVD 401 BOCA RATON, FL 33487 D			
2. Principal Place of Business - No P.O. Box # 150 S. FEDERAL HWY. Suite, Apt. #, etc.		3. Mailing Address 326 GLOUCESTER STREET Suite, Apt. #, etc. 401			
City & State DEERFIELD BEACH, FL		City & State BOCA RATON, FL		4. FEI Number 20-4522384	
Zip 33441		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33487		Country PALM BEACH			
6. Name and Address of Current Registered Agent ZAW, KHIN 100 W HIDDEN VALLEY BLVD 401 BOCA RATON FL, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 326 GLOUCESTER STREET, APT. 401 City BOCA RATON FL Zip Code 33487		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZAW, KHIN 100 W HIDDEN VALLEY BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	326 GLOUCESTER STREET APT. 401 BOCA RATON, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information empowered.					
SIGNATURE: <u>X</u>			Date: <u>4/23/07</u> x (954) 899-2085		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Dist. Phone: _____		