


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90186 014 ***150.00

DOCUMENT # P06000039943	
1. Entity Name MIN CHO SUSHI CORPORATION	

Principal Place of Business 11492 LAKEVIEW DR CORAL SPRINGS, FL 33071 B	Mailing Address 11492 LAKEVIEW DR CORAL SPRINGS, FL 33071 B
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2. Principal Place of Business - No P.O. Box # 1406 CORAL RIDGE DRIVE Suite, Apt. #, etc.	3. Mailing Address 5065 NW 95TH DRIVE Suite, Apt. #, etc.
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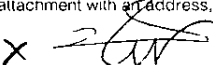
City & State CORAL SPRINGS, FL Zip 33071 Country BROWARD	City & State CORAL SPRINGS, FL Zip 33076 Country BROWARD
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6. Name and Address of Current Registered Agent THITE, SAW M 11492 LAKEVIEW DR CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5065 NW 95TH DRIVE City CORAL SPRINGS FL Zip Code 33076	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THITE, SAW M 11492 LAKEVIEW DR CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5065 NW 95TH DRIVE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date X 4/23/07 X 954 344 5247 <small>Daytime Phone #</small>