



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90042 018 \*\*\*150.00

<b>DOCUMENT # P06000154784</b> 1. Entity Name <b>FANCY SUSHI QIU INC.</b>					
Principal Place of Business <b>1480 SADLER ROAD FERNANDINA BEACH, FL 32034</b>			Mailing Address <b>1480 SADLER ROAD FERNANDINA BEACH, FL 32034</b>		
2. Principal Place of Business - No P.O. Box # <b>1478 SADLER RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>1478 SADLER RD</b> Suite, Apt. #, etc.			
City & State <b>FERNANDINA BEACH FL</b>		City & State <b>FERNANDINA BEACH FL</b>		4. FEI Number <b>06-1803224</b>	
Zip <b>32034</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QIU, JI W 1480 SADLER ROAD FERNANDINA BEACH, FL 32034</b>			7. Name and Address of New Registered Agent Name <b>Ji W Qiu</b> Street Address (P.O. Box Number is Not Acceptable) <b>1478 SADLER RD</b> City <b>FERNANDINA BEACH FL</b> Zip Code <b>32034</b>		
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 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P QIU, JI W 1480 SADLER ROAD FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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.					
<b>SIGNATURE:</b> 			<b>8/31/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		