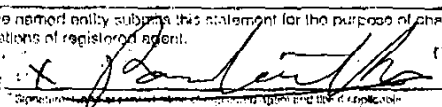
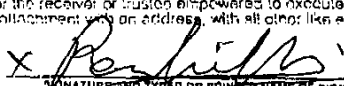


FILED
May 02, 2008 8:00 am
Secretary of State

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05-02-2008 90165 046 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000022938				40094679	
1. Entity Name DIAMOND SUSHI EXPRESS, INC.		Principal Place of Business 6346 PINESTEAD DR APT 1016 LAKE WORTH, FL 33463		Mailing Address 6346 PINESTEAD DR APT 1016 LAKE WORTH, FL 33463	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Barcode	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-8477646	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHAI, PAU L 6346 PINESTEAD DR APT 1016 LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE: 				Street Address (P.O. Box Number is Not Acceptable)	
DATE: 4-29-08				City	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	NAME		NAME	
NAME	KHAI, PAU L	STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS	6346 PINESTEAD DR APT 1016	CITY- ST- ZIP		CITY- ST- ZIP	
CITY- ST- ZIP	LAKE WORTH, FL 33463	CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		NAME		NAME	
NAME		STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP		CITY- ST- ZIP	
CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		NAME		NAME	
NAME		STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP		CITY- ST- ZIP	
CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		NAME		NAME	
NAME		STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP		CITY- ST- ZIP	
CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		NAME		NAME	
NAME		STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP		CITY- ST- ZIP	
CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: 				DATE: 4-29-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Filing Phone #	