


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90057 006 ***150.00

DOCUMENT # P96000065642	
1. Entity Name POP ROCK SUSHI CAFE, INC.	

Principal Place of Business 2851 E. OAKLAND PK. BLVD. FT. LAUDERDALE FL 33141 US	Mailing Address 2851 E. OAKLAND PK BLVD. FT. LAUDERDALE FL 33306 US 2831 E OAKLAND PK BLVD
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2. Principal Place of Business 2831 E OAKLAND PK BLVD.	3. Mailing Address FT. LAUDERDALE FL 33306
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. LAUDERDALE FL. 33306	City & State FT. LAUDERDALE FL
Zip 33306	Country U.S.
Zip 33306	Country US.



MOORE CR2E034 (11/03)

4. FEI Number 65-0688858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PORNPRINYA, TONYA 10800 BISCAYNE BLVD. #645 MIAMI FL 33161	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Scaris Se <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1-31-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	P SAEEIA, SURIN 2831 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306 <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	D CHAITHISANAN, NIPAPORN 2831 E OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 <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 exemption stated in Section 119.07(3)(i), 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: Scaris Se <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-31-04 <small>Daytime Phone #</small>