2007 FOR PROFIT CORPORATION

Mar 16, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P98000054193 03-16-2007 90022 044 ***150.00 1. Entity Name SUSHI OF BOCA, INC. Mailing Address Principal Place of Business 2621 N FED HWY 2621 N FED HWY BOCA RATON, FL 33431 BOCA RATON, FL 33431 3. Mailing Address 02232007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & Sta Not Applicable 65-0846130 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WONGSASITORN, BOUNNAM Street Address (P.O. Box Number is Not Acceptable) 2621 N FEDERAL HWY #R PASEOS PLAZA BOCA RATON, FL 33431 City Zip Code FL 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, typed or printed name of registered agent and title if epolicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change Addition WONGSASITORN, BOUNNAM NAME NAME STREET ADDRESS **441 SE 26TH TERR** STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CHY-ST-ZIP TITLE D ☐ Delete ☐ Change ☐ Addition WONGSASITORN, DITAPORN NAME NAME STREET ADDRESS 441 SE 26TH TERR STREET ADDRESS CATY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED