

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90058 040 \*\*\*150.00

**DOCUMENT # P98000054193**

1. Entity Name  
**SUSHI OF BOCA, INC.**



Principal Place of Business  
**2621 N FEDERAL HWY  
SUITE R  
BOCA RATON, FL 33431**

Mailing Address  
**2621 N FEDERAL HWY  
SUITE R  
BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**

01242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0846130**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WONGSASITORN, BOUNNAM  
2621 N FEDERAL HWY #R  
PASEOS PLAZA  
BOCA RATON, FL 33431**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE	D
NAME	WONGSASITORN, BOUNNAM
STREET ADDRESS	<del>441 SE 26TH TERR</del> <b>499 NE 28 ST</b>
CITY-ST-ZIP	<del>BOCA RATON, FL 33431</del> <b>Boca Raton, FL 33431</b>
TITLE	D
NAME	WONGSASITORN, DITAPORN
STREET ADDRESS	<del>441 SE 26TH TERR</del> <b>499 NE 28 ST</b>
CITY-ST-ZIP	<del>BOCA RATON, FL 33431</del> <b>Boca Raton, FL 33431</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Bounnam Wongranton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/08 (561) 417.5713**  
Date Daytime Phone #

**(561) 2-894-8851  
(561) 866-6782**