

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90101 017 \*\*\*150.00

**DOCUMENT # P99000081277**

1. Entity Name  
CIKHA SUSHI, INC.



Principal Place of Business  
909 LAKE SHORE DR.  
301  
LAKE PARK, FL 33403

Mailing Address  
539 N MILLS AVE  
ORLANDO, FL 32803 US

2. Principal Place of Business

148 Anchorage Dr. N  
Suite, Apt. #, etc.

3. Mailing Address

148 Anchorage Dr. N.  
Suite, Apt. #, etc.



06282005 Chg-P CR2E034 (10/03)

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

4. FEI Number

65-0944866

Applied For

Not Applicable

Zip

33408

Country

US

Zip

33408

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAU, ZAM S  
909 LAKE SHORE DR #301  
LAKE PARK, FL 33403

7. Name and Address of New Registered Agent

Name

Pau, Zam Suan

Street Address (P.O. Box Number is Not Acceptable)

148 Anchorage Dr. N.

City

North Palm Beach

FL

Zip Code

33408

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PAU, ZAM S  
STREET ADDRESS 909 LAKE SHORE DR #301  
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 148 Anchorage Dr. N.  
CITY-ST-ZIP North Palm Beach, FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #