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PROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000089928

1. Corporation Name
Chu's Sushi, Inc.

COU45505

Principal Place of Business
2842 Woodruff Dr
Orlando, FL 32837

Mailing Address

3. Date Incorporated or Qualified: 30-9-1999
3a. Date of Last Report

2. Principal Place of Business — 21
Suite, Apt # etc — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26: 539 N Mills Ave
Suite, Apt # etc — 27
City & State — 28: Orlando, FL
Zip — 29: 32803 — Country — 30: U.S.A.

4. FEI Number: 59-3600246 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Danny H Chu
2842 Woodruff Dr
Orlando, FL 32837

10. Name and Address of New Registered Agent
81 Name: Kit Ching Lo
82 Street Address (P.O. Box Number is Not Acceptable): 2842 Woodruff Dr
83
84 City: Orlando FL 85 Zip Code: 32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X [signature] 3/22/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Danny H Chu / President ☒ DELETE 2842 Woodruff Dr Orlando, FL 32837	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Kit Ching Lo / President ☒ Change ☐ Addition 2842 Woodruff Dr Orlando, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X [signature] 3/22/00 407-894-7259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #