

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                              |                                                                     |                                                                                                                                         |                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>DOCUMENT # S42493</b>                                                                                                                                                                                                     |                                                                     |                                                        |                                                |
| 1. Entity Name<br><b>NU SUSHI, INC.</b>                                                                                                                                                                                      |                                                                     |                                                                                                                                         |                                                |
| Principal Place of Business<br><b>1312 N UNIVERSITY DR<br/>CORAL SPRINGS FL 33071-6623<br/>US</b>                                                                                                                            |                                                                     | Mailing Address<br><b>1312 N UNIVERSITY DR<br/>CORAL SPRINGS FL 33071-6623</b>                                                          |                                                |
| 2. Principal Place of Business                                                                                                                                                                                               |                                                                     | 3. Mailing Address                                                                                                                      |                                                |
| Suite, Apt. #, etc.                                                                                                                                                                                                          |                                                                     | Suite, Apt. #, etc.                                                                                                                     |                                                |
| City & State                                                                                                                                                                                                                 |                                                                     | City & State                                                                                                                            |                                                |
| Zip                                                                                                                                                                                                                          | Country                                                             | Zip                                                                                                                                     | Country                                        |
| 6. Name and Address of Current Registered Agent<br><b>AZUMA, YUJI<br/>11720 NW 2ND DR<br/>CORAL SPRINGS FL 33071</b>                                                                                                         |                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                      |                                                                     |                                                                                                                                         |                                                |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                              |                                                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May be Added to Fees                     |                                                |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                   |                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | DP<br>AZUMA, YUJI<br>1312 N UNIVERSITY DR<br>CORAL SPRINGS FL       | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | D<br>AZUMA, EMIKO<br>1312 N UNIVERSITY DR<br>CORAL SPRINGS FL       | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | S<br>SHIMOURA, SHINICHI<br>1312 N UNIVERSITY DR<br>CORAL SPRINGS FL | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               |                                                                     | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               |                                                                     | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               |                                                                     | <input type="checkbox"/> Delete                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0254305** Applied For ☐ Not Applied For ☐

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

U00000432193  
02/23/06-80061-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_

**YUJI AZUMA** 2/08/06 954-755-5211