

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V05481

Entity Name: SUSHIN GABLES, INC.

FILED
May 21, 2008
Secretary of State**Current Principal Place of Business:**159 ARAGON AVE
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**159 ARAGON AVE
#157
CORAL GABLES, FL 33134**New Mailing Address:**159 ARAGON AVE
CORAL GABLES, FL 33134

FEI Number: 65-0303821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ABE, CHIKARA
159 ARAGON AVE
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: ABE, CHIKARA
Address: 159 ARAGON AVE
City-St-Zip: MIAMI, FL 33134Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: ABE, CHIKARA
Address: 159 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134Title: VP () Change (X) Addition
Name: ABE, YASUKO
Address: 159 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CA

DP

05/21/2008

Electronic Signature of Signing Officer or Director

Date