


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90103 049 ***150.00

DOCUMENT # 834677

1. Entity Name
ITOCHU INTERNATIONAL INC.



Principal Place of Business: **335 MADISON AVENUE NEW YORK, NY 10017**

Mailing Address: **335 MADISON AVENUE NEW YORK, NY 10017**

5002555Z



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

02172005 Chg-P CR2E034 (10/03)

4. FEI Number: **13-1850807**

5. Certificate of Status Desired: Not Applicable **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
 1201 HAYES ST.
 STE. 105
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number if Not Acceptable): _____
 City: _____ **FL** 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 registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust: Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	SVPT OKUMURA, TAKESHI	<input type="checkbox"/>
STREET ADDRESS	335 MADISON AVENUE	
CITY-STATE-ZIP	NEW YORK, NY 10017	
TITLE NAME	CEOD OKUDA, YOICHI	<input checked="" type="checkbox"/>
STREET ADDRESS	335 MADISON AVENUE	
CITY-STATE-ZIP	NEW YORK, NY 10017	
TITLE NAME	SD HORWITZ, ELLIS A	<input type="checkbox"/>
STREET ADDRESS	335 MADISON AVENUE	
CITY-STATE-ZIP	NEW YORK, NY 10017	
TITLE NAME	DCAO OGINO, YOSHI MASA	<input type="checkbox"/>
STREET ADDRESS	335 MADISON AVENUE	
CITY-STATE-ZIP	NEW YORK, NY 10017	
TITLE NAME	PCEO KITAMURA, HIROSHI	<input type="checkbox"/>
STREET ADDRESS	335 MADISON AVE.	
CITY-STATE-ZIP	NEW YORK, NY, 10017	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	Pres., CEO & Director Hiroshi Kitamura	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	335 Madison Avenue		
CITY-STATE-ZIP	New York, NY 10017		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE: T. Okumura T. Okumura, CEO & Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR