
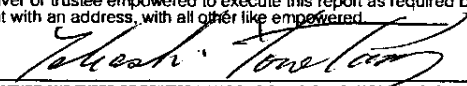


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90021 043 ***150.00

DOCUMENT # F93000004455			
1. Entity Name KOHNAN INC. KOHNAN, INC.			
Principal Place of Business ONE EXECUTIVE WAY NAPA, CA 94558		Mailing Address ONE EXECUTIVE WAY NAPA, CA 94558	
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		7. Name and Address of New Registered Agent	
CIARLETTA, DAN 9252 SAN JOSE BLVD STE 4505 JACKSONVILLE, FL 32257 7750 DEERWOOD POINT PLACE JACKSONVILLE, FL 32256		Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMBO, YUICHI	NAME	HOMBO, YUICHI
STREET ADDRESS	351 MINAMI TAKE MACHI	STREET ADDRESS	3-5-1 MINAMI TAKAE
CITY-ST-ZIP	KUMAMOTO CITY, JA 00000	CITY-ST-ZIP	KUMAMOTO-SHI, KUMAMOTO-KEN 861-4192 JA
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YONETAMARI, TAKASHI	NAME	
STREET ADDRESS	3757 CLARA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPA, CA 94558	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASAFUMI, HOMBO	NAME	HOMBO, MASAFUMI
STREET ADDRESS	1872 MINAMATAKAE MACHI	STREET ADDRESS	3-5-1 MINAMI TAKAE
CITY-ST-ZIP	KUMAMOTO CITY, JA	CITY-ST-ZIP	KUMAMOTO-SHI, KUMAMOTO-KEN 861-4192 JA
TITLE	DT <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMBO, MASAFUMI	NAME	HOMBO, MASAFUMI
STREET ADDRESS	351 NINAMI TAKAE MACHI	STREET ADDRESS	3-5-1 MINAMI TAKAE
CITY-ST-ZIP	KUMAMOTO CITY, JA 000000	CITY-ST-ZIP	KUMAMOTO-SHI, KUMAMOTO-KEN 861-4192 JA
TITLE	DT <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMBO, KOKICHI	NAME	HOMBO, KOKICHI
STREET ADDRESS	351 NINAMI TAKE MACHI	STREET ADDRESS	3-5-1 MINAMI TAKAE
CITY-ST-ZIP	KUMAMITO CITY, JA 00000	CITY-ST-ZIP	KUMAMOTO-SHI, KUMAMOTO-KEN 861-4192 JA
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		RECEIVED <i>Feb 20, 2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FEB 24 2004

REVENUE
DBPR