

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-15-2005 90093 019 ***150.00

FILED

05 JUL 11 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06082005 Chg-P CR2E034 (10/03)

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # P05000009465 | | | |
| 1. Entity Name MOTH PARTNERS, INC. | | | |
| Principal Place of Business 710 S. US 1 UNIT A-1 VERO BEACH, FL 32962 | | Mailing Address 710 S. US 1 UNIT A-1 VERO BEACH, FL 32962 | |
| 2. Principal Place of Business 710 S US #1 | | 3. Mailing Address 2916 A1A | |
| Suite, Apt. #, etc. UNIT A 1 | | Suite, Apt. #, etc. | |
| City & State VERO BEACH FL | | City & State VERO BEACH, FL | |
| 4. FEI Number 20-2254429 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32962 | | Country USA | |
| Zip 32963 | | Country USA | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOPKINS, C.C. 4504 REDWOOD DRIVE FORT PIERCE, FL 34951 | | 7. Name and Address of New Registered Agent Name MIZUNO, AKIO Street Address (P.O., Box Number is Not Acceptable) 2916 HWY A1A City VERO BEACH FL Zip Code 32963 | |
| 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 | | AKIO MIZUNO | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| DATE 6-10-05 | | DATE | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME OHORI, NOBUYUKI STREET ADDRESS 2916 HWY A1A CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Delete | TITLE D NAME OHORI, NOBUYUKI STREET ADDRESS 2916 HWY A1A CITY-ST-ZIP VERO Bch., FL 32963 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME MIZUNO, AKIO STREET ADDRESS 2916 HWY A1A CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Delete | TITLE VP NAME MIZUNO, AKIO STREET ADDRESS 2916 HWY A1A CITY-ST-ZIP VERO BEACH, FL 32963 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE P NAME TOYOTA, MIZUKI STREET ADDRESS 2916 HWY A1A CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Delete | TITLE P NAME TOYOTA, MIZUKI STREET ADDRESS 2916 HWY A1A CITY-ST-ZIP VERO BEACH, FL 32963 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: | | AKIO MIZUNO 6/10/05 7724607529 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |