

2006

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90038 040 ***150.00

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| DOCUMENT # S62024 |
| 1. Entity Name |
| NIPPON SOGO TOURS INC. |

DO NOT WRITE IN THIS SPACE

40091910

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|---|---|
| 2. Principal Place of Business 780 NW 42 AVENUE Suite, Apt. #, etc. | 3. Mailing Address 8360 WEST FLAGLER STREET Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------------|--------------------------------|---|--|
| City & State MIAMI, FL | City & State MIAMI, FLORIDA | 4. FEI Number 65-0273588 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33126 | Country US | Zip 33144 | Country US |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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|--|
| Name KON, MASAYUKI |
| Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 AVENUE |
| City MIAMI |
| State FL |
| Zip Code 33126 |

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11.

| | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KON, MASAYUKI 780 NW 42 AVENUE MIAMI, FL 33126 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MASAYUKI KON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]