

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90018 011 ***150.00

DOCUMENT # 270914

1. Entity Name

GENERAL WIG MANUFACTURERS, INC.



Principal Place of Business

5800 NW 163 ST
MIAMI LAKES, FL 33014

Mailing Address

5800 NW 163 ST
MIAMI LAKES, FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1008784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OKAMOTO, TAKAYOSHI	
STREET ADDRESS	12-4 SHINJUKU 2 CHOME	
CITY-ST-ZIP	SHINJUKU-KU, JAPAN, 160	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINO, MAMORO	
STREET ADDRESS	12-4 SHINJUKU, 2 CHOME	
CITY-ST-ZIP	SHIMJUKU-KU, TOKYO JAPAN, 160	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMILEY, ALAN	
STREET ADDRESS	5800 NW 163 ST	
CITY-ST-ZIP	MIAMI, FL 33014	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUBIN, DAVID	
STREET ADDRESS	5800 NW 163 ST	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATABE, NOBUO	
STREET ADDRESS	12-4 SHINJUKU 2 CHONE	
CITY-ST-ZIP	SHINJUKU-KU, JAPAN 160,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKAMOTO, TAKAYOSHI	
STREET ADDRESS	12-4 SHINJUKU 2 CHOME	
CITY-ST-ZIP	SHINJUKU-KU, TOKYO, JAPAN	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP/FINANCE + OPERATIONS