

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 270914

FILED
Mar 19, 2009
Secretary of State

Entity Name: GENERAL WIG MANUFACTURERS, INC.

Current Principal Place of Business:

5800 NW 163 ST
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5800 NW 163 ST
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 59-1008784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OKAMOTO, TAKAYOSHI
Address: 1-6-3 SHINJUKU
City-St-Zip: SHINJUKU-KU, TOKYO JAPAN, FL 160

Title: D () Delete
Name: MINOWA, MUTSUO
Address: 1-6-3 SHINJUKU
City-St-Zip: SHIMJUKU-KU, TOKYO JAPAN, FL 160

Title: D () Delete
Name: TOKUMARU, KATSUJI
Address: 1-6-3 SHINJUKU
City-St-Zip: SHINJUKU-KU, TOKYO, JAPAN, FL 160

Title: V () Delete
Name: KOICHI, HIRAMA
Address: 5800 NW 163 ST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: STHAIR, OKYO
Address: 5800 NW 163 ST
City-St-Zip: MIAMI LAKES, FL 33014

Title: P () Delete
Name: OKAMOTO, TAKAYOSHI
Address: 1-6-3 SHINJUKU
City-St-Zip: SHINJUKU-KU, TOKYO, JAPAN, FL 160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KOICHI HIRAMA

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date