

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740113

FILED
Apr 24, 2008
Secretary of State

Entity Name: THE MORIKAMI, INC.

Current Principal Place of Business:

4000 MORIKAMI PARK ROAD
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

4000 MORIKAMI PARK ROAD
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 59-1767023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMAY, BONNIE W
4000 MORIKAMI PARK RD
DELRAY BEACH, FL 33446 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BAKER, RANDAL
Address: 8925 SANDY CREST LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: SCHMIDT, DAVID
Address: 2116 NORTHRIDGE ROAD
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD () Delete
Name: STREIT, THOMAS
Address: 10346 TRAILWOOD CIRCLE
City-St-Zip: JUPITER, FL 33478

Title: VPD () Delete
Name: MIHORI, JAMES
Address: P.O. BOX 34
City-St-Zip: DELRAY BEACH, FL 33447

Title: S () Delete
Name: MORRIS, KEN
Address: 2531 JARDIN TERRACE
City-St-Zip: WESTIN, FL 33327

Title: VPD () Delete
Name: FULTON, MAURICE
Address: 1800 S. OCEAN BLVD. #4F
City-St-Zip: BOCA RATON, FL 33432

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:

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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDAL BAKER

T

04/24/2008

Electronic Signature of Signing Officer or Director

Date