2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2008 08:00 AN **DOCUMENT # 766426** 1. Entity Name **Secretary of State** JAPAN CULTURAL FOUNDATION, INC. Principal Place of Business Mailing Addruss 11440 SW 77 AVE 11440 SW 77 AVE MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Aut # etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State C:ty & State 4. FEI Number Applied For 59-2291203 Not Applicable 2mCountry Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOKO ITO MESSERSMITH Street Address (P.O. Box Number is Not Acceptable) 11440 SW 77 AVE **MIAMI FL 33156** City 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 Fiorida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of legistered age; I and the if approve e (NOTE: Registered Agent signature required when reinstating) CATE N. d. ... [2.7] FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2008 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. T:TIE Defete TITLE Change ■ Addition MESSERSMITH, YOKO I TO NAME NAME 11440 S.W. 77TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY- ST- ZIP CITY - ST - Z!P VPD TITLE Delate TITLE ☐ Change Addition MESSERSMITH, ERIC MAME CAME U00000805983 11440 SW 77 AVE STREET ADDRESS STREET ADDRESS 02/06/08-80024-011 61.25 MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZiP TODE TITLE ☐ Delete Change noitibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change nettibbA 🔲 NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE III F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE Delute TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET AUDRESS CITY-SI-ZIP CITY-ST-Z:P

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 cettify 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: