


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 816282 1. Entity Name KONICA GRAPHIC IMAGING INTERNATIONAL, INC		
Principal Place of Business 71 CHARLES STREET GLEN COVE, NY 11542	Mailing Address 71 CHARLES STREET GLEN COVE, NY 11542	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent HOLBROOK, JEAN 1072 S. POWERLINE RD. DEERFIELD BCH., FL 33442		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTER, STEPHEN 23 WINFIELD DAVID DR CORAM, NY 11727	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NISHIMURA, SHUNSUKE 9 OLD WOOD RD PORT WASHINGTON, NY 11050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NISHIMURA, SHUNSUKE 9 OLDWOOD RD PORT WASHINGTON, NY 11050	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>S. Nishimura</u> SHUNSUKE NISHIMURA Sept 10, '04 516-674-2676 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



08302004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-1718626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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09/14/04-80001-008 150.00