

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90027 010 ***150.00

DOCUMENT # F0000001989
 1. Entity Name
PARCEL J-I DEVELOPMENT, INC.



Principal Place of Business Mailing Address
C/O TOMEN AMERICA INC.
1285 AVENUE OF THE AMERICAS
NEW YORK NY 10019

94016841



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **06-1576331**
 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COHEN, ROBERT	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARAIA, JOHN A	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	IWAMOTO, HIDEYUKI	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TANI, SHIGEKI	
STREET ADDRESS	1285 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOSOHARA, TETSUO	
STREET ADDRESS	1285 AVE. OF THE AMERICAS, 36 FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hosohara, Tetsuo	
STREET ADDRESS	1285 Avenue of the Americas, 36th FL	
CITY-ST-ZIP	New York, NY 10019	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parris, Richard	
STREET ADDRESS	1285 Avenue of the Americas, 36th FL	
CITY-ST-ZIP	New York, NY 10019	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hirata, Minoru	
STREET ADDRESS	1285 Avenue of the Americas, 36th FL	
CITY-ST-ZIP	New York, NY 10019	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wada, Akira	
STREET ADDRESS	1285 Avenue of the Americas, 36th FL	
CITY-ST-ZIP	New York, NY 10019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maraia, John	
STREET ADDRESS	1285 Avenue of the Americas, 36th FL	
CITY-ST-ZIP	New York, NY 10019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hosohara, Tetsuo	
STREET ADDRESS	1285 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10019	

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: _____ **Tetsuo Hosohara** **2/5/04** **212 397 5453**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #