


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000001989

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** **C/O TOMEN AMERICA INC.
 1285 AVENUE OF THE AMERICAS
 NEW YORK NY 10019**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS ST
 TALLAHASSEE FL 32301**

4. FEI Number Applied For

06-1576331 Not Applicable

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

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P HOSOHARA, TETSUO 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S MARAIA, JOHN A 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete T HIRATA, MINORU 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D WADA, AKIRA 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D MARAIA, JOHN 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VP PARRIS, RICHARD 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK NY 10019

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000344764 04/30/05-80018-001 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **04/25/05** **(212) 397-5453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #