

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000001989

1. Entity Name
PARCEL J-I DEVELOPMENT, INC.



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

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



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1576331

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOSOHARA, TETSUO
STREET ADDRESS 1285 AVE. OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

TITLE S
NAME MARAIA, JOHN A
STREET ADDRESS 1285 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10019

TITLE T
NAME HIRATA, MINORU
STREET ADDRESS 1285 AVE. OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

TITLE D
NAME WADA, AKIRA
STREET ADDRESS 1285 AVE. OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

TITLE D
NAME MARAIA, JOHN
STREET ADDRESS 1285 AVE. OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

TITLE VP
NAME PARRIS, RICHARD
STREET ADDRESS 1285 AVE. OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10019

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05/17/06-80017-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/06

Date

(212) 397-5453

Daytime Phone #