


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90167 047 ***150.00

DOCUMENT # F0000001989

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**

40073503



2. Principal Place of Business - No P.O. Box #
805 THIRD AVENUE
 Suite, Apt. #, etc.
C/O Tomen America Inc.
 City & State
NEW YORK, NY

3. Mailing Address
805 THIRD AVENUE
 Suite, Apt. #, etc.
C/O Tomen America Inc.
 City & State
NEW YORK, NY

04192007 Chg-P CR2E034 (12/06)

Zip
10022 Country
USA

Zip
10022 Country
USA

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**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSOHARA, TETSUO 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D HOSOHARA, TETSUO 805 THIRD AVENUE NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARAIA, JOHN A 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATSUO, TSUYOSHI 805 THIRD AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIRATA, MINORU 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADA, AKIRA 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARAIA, JOHN 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETO, DAISUKE 805 THIRD AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRIS, RICHARD 1285 AVE. OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V T PARRIS, RICHARD 805 THIRD AVENUE NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: T. Hosohara **T. HOSOHARA** **PRESIDENT** **04/20/07** **(212) 355-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #