

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90169 050 ***150.00

DOCUMENT # F01000000467 1. Entity Name NICHIREI SEAFOODS, INC.			
Principal Place of Business PURCHASING AGENT #1350 SEATTLE, WA 98121		Mailing Address 2201 6TH AVE #1350 SEATTLE, WA 98121	
2. Principal Place of Business 2201 6th AVE. Suite, Apt. #, etc. SUITE 1350 City & State SEATTLE, WA Zip 98121 Country USA		3. Mailing Address 2201 6th AVE Suite, Apt. #, etc. SUITE 1350 City & State SEATTLE, WA Zip 98121 Country USA	
4. FEI Number 91-2092568		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 / After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ARA, MASAHIRO 2201 6TH AVE #1350 SEATTLE, WA 98121 <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	DP NAKAJIMA, TETSUHISA 2201 6TH AVE #1350 SEATTLE, WA 98121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/V. PRES/ SECT. NAKAJIMA, TETSUHISA 2201 6th AVE., SUITE 1350 SEATTLE, WA 98121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAKANO, YASUHIKO 2201 6TH AVE #1350 SEATTLE, WA 98121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT TAKANO, YASUHIKO 2201 6th AVE. SUITE 1350 SEATTLE, WA 98121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAKAJIMA, TETSUHISA 2033 6TH AVE SUITE 900 SEATTLE, WA 98121 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KIMURA, MASAO 2201 6th AVE., SUITE 1350 SEATTLE, WA 98121 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAKANO, YASUHIKO 2033 6TH AVE SUITE 900 SEATTLE, WA 98121 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES F. TUNG 600 UNIVERSITY ST. SUITE 3600 SEATTLE, WA 98101-3197 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AOKI, TOSHIO 2201 6TH AVE #1350 SEATTLE, WA 98121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AOKI, TOSHIO 2201 6th AVE, SUITE 1350 SEATTLE, WA 98121 <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 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:		TETSUHISA NAKAJIMA, 206-448-7800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	