

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002655

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CENTRAL GLASS INTERNATIONAL, INC.

## Current Principal Place of Business:

13201 RACHAEL BLVD  
ALACHUA, FL 32615

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 789  
ALACHUA, FL 326160789

## New Mailing Address:

FEI Number: 13-3632376      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KUMAGAI, YOICHI DR  
Address: P.O. BOX 789  
City-St-Zip: ALACHUA, FL 326160789

Title: DVP ( ) Delete  
Name: MAEDA, KAZUHIKO DR  
Address: P.O. BOX 789  
City-St-Zip: ALACHUA, FL 326160789

Title: S ( ) Delete  
Name: MISAKA, YOICHI  
Address: P.O. BOX 789  
City-St-Zip: ALACHUA, FL 326160789

Title: T ( ) Delete  
Name: YAMADA, SHINICHI  
Address: P.O. BOX 789  
City-St-Zip: ALACHUA, FL 326160789

Title: D ( ) Delete  
Name: SHIMIZU, TADASHI  
Address: P.O. BOX 789  
City-St-Zip: ALACHUA, FL 326160789

Title: D ( ) Delete  
Name: MASAMICHI, MARUTA DR  
Address: P.O. BOX 789  
City-St-Zip: ALACHUA, FL 326160789

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KUMAGAI, YOICHI  
Address: P.O. BOX 789  
City-St-Zip: ALACHUA, FL 326160789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: MASAMICHI, MARUTA DR  
Address: P.O. BOX 789  
City-St-Zip: ALACHUA, FL 326160789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOICHI MISAKA

S

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date