

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