

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # F05000004429

1. Entity Name

JALPAK INTERNATIONAL U.S.A., INC.



Principal Place of Business

390 N. SEPULVEDA BLVD., STE. 2000
EL SEGUNDO, CA 90245

Mailing Address

390 N. SEPULVEDA BLVD., STE. 2000
EL SEGUNDO, CA 90245



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3124983	Applied For Not Applicable
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5. Certificate of Status Destroyed **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OSAWA, KUNIKO
5805 BLUE LAGOON DR., STE. 445
MIAMI, FL 33126

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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 NAME STREET ADDRESS CITY-ST-ZIP	CP ANDO, TETUSJIRO 390 N. SEPULVEDA BLVD., STE. 2000 EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AOKI, TERUO 390 N. SEPULVEDA BLVD., STE. 2000 EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASHIWA, PETER 390 N. SEPULVEDA BLVD., STE. 2000 EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000398798
01/31/06-80012-008 150.00

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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:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06

Date

310 606-5316

Daytime Phone #