2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90003 035 ***150.00

DOCUMENT # F06000007043

1. Entity Name
CASIO LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
AIRPORT CORP. CENTER 7300 AIRPORT CORP. CENTER DR., SUITE 207 MIAMI, FL 33126	570 MOUNT PLEASANT AVENUE DOVER, NJ 07801

03132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5614818 ☐ 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 STREET
TALLAHASSEE, FL 32301-2525

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	PD HIRANO, MASAKAZU AIRPORT CORP. CNTR., 7300 AIRPORT CORP DR MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAIO, KENSUKE C/O 570 MOUNT PLEASANT AVE. COVER, NJ 078011620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SATO, KENSUKE AIRPORT CORP. CTR., 7300 AIRPORT CORP DR. MIAMI, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T UCHIYAMA, IOMOYUKI C/O 570 MOUNT PLEASANT AVE. COVER, NJ 078011620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UCHIYAMA, TOMOYUKI DOVER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C LAKEICHI, KOICHI 6-2, HON-MACHI I-CHOME, SHIBUYA-KU TOKYO 151-8543, JAPAN,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORIYA, KOII 6-2, HON-MACHI I-CHOME, SHIBUYA-KU TOKYO 151-8543, JAPAN,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MORIYA, KOJI	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC TERADA, HIDEAKI C/O 570 MOUNT PLEASANT AVENUE DOVER, NJ 07801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ 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. Uchiyama Tomoyuki Uchiyama 3-12-07 973-361-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #