2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State
02-01-2008 90021 037 ***150.00

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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

01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE 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 _____ 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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HIRANO, MASAKAZU
STREET ADDRESS	AIRPORT CORP. CNTR., 7300 AIRPORT CORP DR
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	SATO, KENSUKE
STREET ADDRESS	7300 AIRPORT CORP. CIR
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	UCHIYAMA, TOMOYUKI
STREET ADDRESS	C/O 570 MOUNT PLEASANT AVE.
CITY-ST-ZIP	DOVER, NJ 078011620
TITLE	D
NAME	LAKEICHI, KOICHI
STREET ADDRESS	6-2, HON-MACHI I-CHOME, SHIBUYA-KU
CITY-ST-ZIP	TOKYO 151-8543, JAPAN,
TITLE	D
NAME	MARIYA, KOJI
STREET ADDRESS	6-2, HON-MACHI I-CHOME, SHIBUYA-KU
CITY-ST-ZIP	TOKYO 151-8543, JAPAN,
TITLE	D
NAME	TERADA, HIDEAKI
STREET ADDRESS	C/O 570 MOUNT PLEASANT AVENUE
CITY-ST-ZIP	DOVER, NJ 07801

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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 1/22/08 973-361-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #