

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000001586

1. Name of the Corporation
AMERICA, INC.



FILED

08 JAN 29 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7025 FIRESTONE BLVD
BUENA PARK, CA 90621

Mailing Address

7025 FIRESTONE BLVD
BUENA PARK, CA 90621

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

01152008

Chg-P

CR2E034 (12/06)

4. FEI Number

06-1790202

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

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, 2008 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
DP
GUERIN, MICHAEL
7025 FIRESTONE BLVD
BUENA PARK, CA 90621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
YAMAMOTO, KOJI
200 ISHIDA ISEHARA
KANGAWA JAPAN 259-1196, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TSUCHIMOTO, KOJI
7025 FIRESTONE BLVD
BUENA PARK, CA 90621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer/Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KEHRLI, DAVID
7025 FIRESTONE BLVD
BUENA PARK, CA 90621 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000116353310

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Kehrli

1/17/08
Date

714-690-3460
Daytime Phone #



RECEIVED
08 JAN 29 PM 1:1

ACCOUNT NO. : 072100000032
REFERENCE : 413350 4723752
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 150.00

ORDER DATE : January 23, 2008
ORDER TIME : 9:27 AM
ORDER NO. : 413350-015
CUSTOMER NO: 4723752

ANNUAL REPORT FILING

NAME: AMADA AMERICA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____