


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
07-25-2006 90026 047 ***150.00
FILE(F94000000194

DOCUMENT # F94000000194			
1. Entity Name MOMOKAWA SAKI LTD. INC.		06 AUG 21 PM 5:25	
Principal Place of Business 820 ELM ST FOREST GROVE, OR 97116 US		Mailing Address 820 ELM ST FOREST GROVE, OR 97116 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HALL, JANICE S 820 ELM STREET FOREST GROVE, OR 97116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COS MURAI, KYOTA 820 ELM STREET FOREST GROVE, OR 97116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COP BOONE, STEVEN 1286 PACIFIC AVENUE FOREST GROVE, OR 97116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Boone, Steven <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1286 Pacific Avenue Forest Grove, OR 97116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURAI, TOHRU 820 ELM STREET FOREST GROVE, OR 97116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGOOD, JEFFREY 33100 SW LAUREL RD HILLSBORO, OR 97123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHER, DICK-CHAIR 301 DEER PARK ROAD SAINT HELENA, CA 94574 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C: Maher, Richard (Dick) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 Deer Park Road Saint Helena, CA 94574
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: <u>STEVE BOONE</u>		Date: <u>7/20/06</u> Daytime Phone #: <u>503-351-7056 X240</u>	

Document corrected per Charlene Boothe. Asc