

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90008 013 \*\*\*150.00

**DOCUMENT # F95000000108**

1. Entity Name

AMERICAN PACIFIC RIM, INC.



Principal Place of Business

446 E 2ND STREET  
LOS ANGELES CA 90012

Mailing Address

446 E 2ND STREET  
LOS ANGELES CA 90012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4092529

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

RUBENSTEIN, IRVING  
1600 N.W. 163RD ST.  
MIAMI FL 33169

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HIROSHI, IIDA  
STREET ADDRESS 1-16-4 MIDORIGAOKA  
CITY-ST-ZIP MEGURO-KU, TOKYO JAPAN

TITLE T ☐ Delete  
NAME SHUICHI, TERAOKA  
STREET ADDRESS 7-3-28, MURE, MITAKA  
CITY-ST-ZIP TOKYO JAPAN

TITLE S ☐ Delete  
NAME YAMAZAKI, KAZUhide  
STREET ADDRESS 100 VANDAM ST  
CITY-ST-ZIP NEW YORK NY 10013

TITLE D ☐ Delete  
NAME YUZO, KATO  
STREET ADDRESS 3-7-50, HONCHO, TSURUOKA  
CITY-ST-ZIP YAMAGATA, JAPAN

TITLE D ☐ Delete  
NAME EISUKE, IIDA  
STREET ADDRESS 1-16-4 MIDORIGAOKA  
CITY-ST-ZIP MEGURO-KU, TOKYO JAPAN

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

213-625-1621

Date

Daytime Phone #