2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: HIROYUKI SHINKAI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # F95000003959 08 JUL 23 PH 3: 09 NISHIMOTO TRADING CO., LTD. Principal Place of Business Mailing Address 3941 COMMERCE PARKWAY 13409 ORDEN DR. MIRAMAR, FL 33025 SANTA FE SPRINGS, CA 90670 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 95-2101387 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WONG, HENRY Street Address (P.O. Box Number is Not Acceptable) 8779 NW 6TH ST. CORAL SPRINGS, FL 33071 City 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: typen or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SD TITLE ☐ Delete TITLE Change ☐ Addition SHINKAI, HIROYUKI 100133395501 07/24/08--01031--008 **6 NAME NAME STREET ADDRESS **13409 ORDEN DR** STREET ADDRESS City-St-Zip SANTA FE SPRINGS, CA 90670 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KIMURA, ATSUIHIKO NAME NAME STREET ADDRESS 13409 ORDEN DR. STREET ADDRESS CITY-ST-ZIP SANTA FE SPRINGS, CA 90670 CITY - ST - ZIP TITLE CFO Delete TITLE Channe ☐ Addition NAME MIYAZATO, IRIS NAME STREET ADDRESS 13409 ORDEN DR. STREET ADDRESS CHY-ST-ZIP SANTA FE SPRINGS, CA 90670 CITY-ST-ZIP TITLE X Delete TITLE ☐ Change ☐ Addition TAKAHASHI, SHINJI NAME NAME STREET ADDRESS 13409 ORDEN DR STREET ADDRESS CITY-ST-ZIP SANTA FE SPRINGS, CA 90670 CITY-ST-ZIP Defete TITLE TITLE ☐ Change Addition Addition OGINO, KANAME NAME 13409 ORDEN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA FE SPRINGS, CA 90670 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED