

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90001 049 ***550.00

DOCUMENT # **444484**

1. Entity Name

Japan Resources, Inc.



DO NOT WRITE IN THIS SPACE

44048952

2. Principal Place of Business

2333 Brickell Ave.,

3. Mailing Address

same

Suite, Apt. #, etc.
Suite 417

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State

4. FEI Number

#592-50-7246

Applied For

Not Applicable

Zip
33129

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Agnes Youngblood

Street Address (P.O. Box Number is Not Acceptable)

2333 Brickell Ave., Ste. 417

City
Miami

FL

Zip Code
33129

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 **Agnes Youngblood**

7/13/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President
NAME
Agnes Youngblood
STREET ADDRESS
2333 Brickell Ave., #417
CITY-ST-ZIP
Miami FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Agnes Youngblood

Agnes Youngblood

7/13/2004

305.858.5016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)