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

DOCUMENT # 144484

1. Entity Name

Japan Resources, Inc.



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

07-16-2004 90001 049 \*\*\*550.00

DO NOT WRITE IN THIS SPACE

44048952~

	all of the following states of the first state of the following states of the								
2. Principal Place of Business		3. Mailing Address							
2333 Brickell Ave.,		same			_	_			
Suite, Apt. #, etc. Suite 417		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Miami FL		City & State				4. FEI Number Applied For			
			1-0		#5	92-50-7246		Not Applicable	
33129	Country USA	Zip Country		<b>5</b> . C	5. Certificate of Status Desired Sa.75 Additional Fee Required				
en graden - de d'escolor Calendario de Calendario (Calendario)	e de la composition de la composition La composition de la	And the state of t			7. Nan	7. Name and Address of Current Registered Agent			
DO MOTAVELEE				Name Agnes Youngblood					
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE 2333 Brickell Ave., Ste. 417									
				City MIam	i	·	FL Z	Zip Code 33129	
8. The above named enti	ty submits this statement fo	or the purpose of changing it	s register			ent, or both, in the State of Florida. I			
the obligations of registered agent.									
Agne	s Youngblood	- <del>7</del>	2/	7			7/13	3/2004	
SIGNALIBE	or printed name of registered agent	Α	TE: Registere	d Agent signature requ	ired when rein	nstating) DA	TE .	7200.	
January 1 - M After May Amended		·		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees			
Make Check Payable to		f State				Trust Fulla Contribution.	Ш	Added to Fees	
10. 🔻 🧎 🚯	OFFICERS AND	DIRECTORS	19 May 182			n ann an amhair an tagairt a gailte an acadh ann a'	Au Pankerio	PER	
IIILE <sup>Y)</sup> Pre	sident		TITL	E					
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12. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE: