


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # H63203 1. Entity Name DR. YOSHIHIRO OBATA & ASSOC., INC.	
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Principal Place of Business % DR. YOSHIHIRO OBATA 10861 S.W. 121ST ST. MIAMI, FL 33176	Mailing Address % DR. YOSHIHIRO OBATA 10861 S.W. 121ST ST. MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2554270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OBATA, SHARON 10861 S.W. 121ST ST. MIAMI, FL 33176

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OBATA, SHARON 10861 S.W. 121ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OBATA, PAUL 10861 S.W. 121ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OBATA, YOSHIHIRO 10861 SW 121ST ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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000000022782
01/30/04-80057-025 150.00

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: Yoshihiro Obata **Yoshihiro Obata** 1/28/04 (305) 238-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #