2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # L25468

1. Entity Name
THE AKIYAMA CORP.



FILED Jan 23, 2004 08:00 AM Secretary of State

Principal Place of Business

7461 NORTHWEST 4TH ST. PLANATATION, FL 33317-2204 US Mailing Address

7461 NORTHWEST 4TH ST. PLANATATION, FL 33317-2204 US



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0165855 | Applied For | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARANO, M A 7461 NORTHWEST 4TH STREET PLANTATION, FL 33317

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	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and little	f applicable. (NOTE: Registered	l Agont signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign: Trust Fund Contribu			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			. ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HARANO, M A 7461 MORTHWEST 4TH STREET PLANTATION, FL 333172204				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000012023 01/23/04-80061-021 150.00
TITLE NAME STREET ADDRESS CITY - ST- ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TIFLE NAME STREET ADDRESS					

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 eath; that I am an officer or director of the comporation 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:

tarans

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

M.A. Harano, Pres.

1/21/04

954-587-5445