

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90850 019 ***150.00

DOCUMENT # L25468

1. Entity Name

THE AKIYAMA CORP.



Principal Place of Business

7461 NORTHWEST 4TH ST.
PLANTATION, FL 33317-2216 US

Mailing Address

7461 NORTHWEST 4TH ST.
PLANTATION, FL 33317-2216 US

40093000



2. Principal Place of Business - No P.O. Box #
9875 Fairway Cove Ln

3. Mailing Address
9875 Fairway Cove Ln

Suite, Apt. #, etc

Suite, Apt. #, etc

04262007 Chg-P CR2E034 (12/06)

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
65-0165855

Applied For
Not Applicable

Zip
33324-2823

Country
USA

Zip
33324-2823

Country
USA

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9875 Fairway Cove Lane

City
Plantation

FL

Zip Code
33324

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

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

(address change only)
(NOTE: Registered Agent signature required when reinstating)

4/27/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HARANO, M A
7461 NORTHWEST 4TH STREET
PLANTATION, FL 333172216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
9875 Fairway Cove Lane
Plantation, FL 33324-2823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

M. A. Harano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. A. Harano

4/27/07
Date

954-587-5445
Daytime Phone #