


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90367 036 \*\*\*150.00

<b>DOCUMENT # L71965</b> 1. Entity Name <b>GINZA INTERNATIONAL, CORP.</b>																																															
Principal Place of Business <b>20137 NE 16TH PL. MIAMI, FL 33179</b>			Mailing Address <b>20137 NE 16TH PL. MIAMI, FL 33179</b>																																												
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																													
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0204625</b>																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																											
6. Name and Address of Current Registered Agent  <b>TKACZ, LUISA 2090 N.E. 205 ST. N. MIAMI, FL 33179</b>			7. Name and Address of New Registered Agent Name <b>LUISA TKACZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>20137 NE 16 PL</b> City <b>MIAMI</b> FL      Zip Code <b>33179</b>																																												
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 <i>Luisa Tkacz</i> DATE <b>4/24/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>PD TKACZ, EDUARDO 20137 N.E. 205 STREET MIAMI, FL 33137</b> </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TKACZ, EDUARDO 20137 N.E. 205 STREET MIAMI, FL 33137</b>	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> <td style="width:30%;"></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
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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 another like empowered.																																															
SIGNATURE: <i>[Signature]</i> DATE <b>4/24/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																															