

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90027 011 ***150.00

DOCUMENT # L77266

1. Entity Name

PARCEL T - IV DEVELOPMENT, INC.



Principal Place of Business

1285 AVENUE OF THE AMERICAS, 36TH FLO
C/O TOMEN AMERICA, INC
NEW YORK NY 10019

Mailing Address

1285 AVENUE OF THE AMERICAS, 36TH FLO
C/O TOMEN AMERICA, INC
NEW YORK NY 10019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
13-3578007

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME COHEN, ROBERT
STREET ADDRESS 1285 AVENUE OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE T ☒ Delete
NAME TWAMOTO, HIDEYUKI
STREET ADDRESS 1285 AVENUE OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE S ☐ Delete
NAME MARAIA, JOHN
STREET ADDRESS 1285 AVENUE OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE VP ☒ Delete
NAME HOSOHARA, TETSUO
STREET ADDRESS 1285 AVENUE OF AMERICANS, 36, FL
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Hosohara, Tetsuo
STREET ADDRESS 1285 Avenue of the Americas, 36th FL
CITY-ST-ZIP New York, NY 10019

TITLE VP ☒ Change ☐ Addition
NAME Parris, Richard
STREET ADDRESS 1285 Avenue of the Americas, 36th FL
CITY-ST-ZIP New York, NY 10019

TITLE T ☒ Change ☐ Addition
NAME Hirata, Minoru
STREET ADDRESS 1285 Avenue of the Americas, 36th FL
CITY-ST-ZIP New York, NY 10019

TITLE D ☒ Change ☐ Addition
NAME Wada, Akira
STREET ADDRESS 1285 Avenue of the Americas, 36th FL
CITY-ST-ZIP New York, NY 10019

TITLE D ☐ Change ☒ Addition
NAME Maraia, John
STREET ADDRESS 1285 Avenue of the Americas, 36th FL
CITY-ST-ZIP New York, NY 10019

TITLE D ☐ Change ☒ Addition
NAME Hosohara, Tetsuo
STREET ADDRESS 1285 Avenue of the Americas, 36th FL
CITY-ST-ZIP New York, NY 10019

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tetsuo Hosohara 2/5/04

Date

Daytime Phone #

212 3975453