2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2004 8:00 am Secretary of State 01-29-2004 90082 012 ***150.00

1. Entity Name	ИENT # M77793 ова, inc.	,			1	1 ary of State 04 90082 012 ***150.00
Principal Place of Business CORDOVA MALL 5100 N 9TH AVE STE J-901 PENSACOLA, FL 32504 US		Mailing Address C/O SAKKIO/SAKURA JAPAN 7650 BIRCHMOUNT RD MARKHAM, ONTARIO, L3RB9 CA				94006539 Linnin In In In In In In In In
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o Sakkic 7650 Birchmount Roa Suite. Aot. #, etc.		Japan	-	
City & State		City & State			01152004 Chg-P 4. FEI Number	CR2E034 (10/03)
•		Markham, Ont	ario Country		59-2906282	Not Applicable
Zip	Country	Zip <u>I-3R6B9</u>	<u> </u>	a	5. Certificate of Status Desire	Fee Required
	6. Name and Address of Curren	t Registered Agent	Name)	7. Name and Address of Ne	w Registered Agent
KO, RICHA 6326 GRAI STE G	ARD ND BAHAMA CIRCLE	Street Addres		t Address (s (P.O. Box Number is Not Acceptable)	
TAMPA, FI	L 33615		Ċity			FL Zip Code
 The above the obligati SIGNATURE 	ions of registered agent.					of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered age	and Illie if applicable. (NOT	E: Registered Agent sig	nature required	d when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa .00 Trust Fund Cont	~ ~ .	\$5 □ Add	.00 May Be led to Fees	
10.	OFFICERS AN		11.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KO, RICHARD 6326 GRAND BAHAMA CIRCL TAMPA, FL 33615	L X Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	s 23 E	1, JAMESINA DEAN STREET #1, DKLYN, NY 11201	🗌 Change 🛛 🛣 Addition
TITLE NAME STREET ADDRESS CITY=ST=ZIP	VSD CHIM, DANIEL 37 PAMCREST DR 'N'YORK, ONTARIO M2M 2M2,	CA: =	TITLE NAME STREET ADDRES - CITY-ST-ZIP	VD CHIM S 37 P	AMCREST DRIVE H YORK, ONTARIO,	K Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	≈ 8 SM	CHRISTINE ITH AVE., IGHTON, MA 02072	Change 🕅 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADORES CITY - ST - ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			Change Addition
12. I hereby indicated of the co changed	certify that the information supplied w on this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address	ith this fling does not qualify for is true and accurate and that powered to execute this repor- with all other like empowered	or the exemption my signature sha t as required by (d.'	stated in S Ill have the Chapter 60	ection 119.07(3)(i), Florida Statu same legal effect as if made ur I7, Florida Statutes; and that my	ites. I further certify that the information ider oath; that I am an officer or director name appears in Block 10 or Block 11 if
SIGNAT		PRINTED NAME OF SIGNING OFFICE		niel C	him January 16	, 2004 (905) 474-0710 Daytime Phone #