2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M85829

1. Entity Name
VGV INC.

Principal Place of Business	Mailing Address
2400 N.E. WALDO RD. GAINESVILLE, FL 32609 US	2400 NE WALDO ROAD GAINESVILLE, FL 32609 US

02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2896076

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSON, ROBERT E
4035 NW 34 PLACE
GAINESVILLE, FL 32606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	KIYAHARA, KATSUAKI
STREET ADDRESS	3-1-7 EBISU, SHIBUYA-KU
CITY-ST-ZIP	TOKYO 150-0013 JAPAN,
TITLE	DP
NAME	TERRSHIMA, SHUJI
STREET ADDRESS	3-1-7 EBISU, SHIBUYA-KU
CITY-ST-ZIP	TOKYO 150-0013 JAPAN,
TITLE	DVP
NAME	KOMIYA, MASAO
STREET ADDRESS	3-1-7 EBISU, SHIBUYA-KU
CITY-ST-ZIP	TOKYO 150-0013 JAPAN,
TITLE	ST
NAME	TANOUE, HIROAKI
STREET ADDRESS	1065 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06-80016-018 150.00

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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 all other like empowered.

SIGNATURE: Robert E Peterson 3/1/2006 352-371-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #