


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-17-2004 90027 007 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # M98981 | | | |  | |
| 1. Entity Name QUALITY DEVELOPMENT, INC. | | | | | |
| Principal Place of Business C/O TOMEN AMERICA INC. 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019 | | | Mailing Address C/O TOMEN AMERICA INC. 1285 AVENUE OF THE AMERICAS 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 | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| <div> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COHEN, ROBERT 1285 AVE. OF THE AMERICAS NEW YORK NY 10019 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Hosohara, Tetsuo 1285 Avenue of the Americas, 36th Floor New York, NY 10019 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T IWAMOTO, HIDEYUKI 1285 AVE. OF THE AMERICAS NEW YORK NY 10019 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Wada, Akira 1285 Avenue of the Americas, 36th Floor New York, NY 10019 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MARAIA, JOHN 1285 AVE. OF THE AMERICAS NEW YORK NY 10019 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Hirata, Minoru 1285 Avenue of the Americas, 36th Floor New York, NY 10019 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HOSOHARA, TETSUO 1285 AVE. OF THE AMERICAS 36 FL NEW YORK NY 10019 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Maraia, John 1285 Avenue of the Americas, 36th FL New York, NY 10019 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Parris, Richard 1285 Avenue of the Americas, 36th Floor New York, NY 10019 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Hosohara, Tetsuo 1285 Avenue of the Americas, 36th FL New York, NY 10019 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: _____ Tetsuo Hosohara 2/5/04 212 397 5453 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

94016844



MOORE CR2E034 (11/03)

4. FEI Number 65-0072588 **Applied For**
Not Applicable

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

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