

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0072588

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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, 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 PD
NAME HOSOHARA, TETSUO
STREET ADDRESS 1285 AVENUE OF THE AMERICAS, 36TH FL
CITY-ST-ZIP NEW YORK, NY 10019

TITLE D
NAME WADA, AKIRA
STREET ADDRESS 1285 AVENUE OF THE AMERICAS, 36TH FL
CITY-ST-ZIP NEW YORK, NY 10019

TITLE T
NAME HIRATA, MINORU
STREET ADDRESS 1285 AVENUE OF THE AMERICAS, 36TH FL
CITY-ST-ZIP NEW YORK, NY 10019

TITLE D
NAME MARAIA, JOHN
STREET ADDRESS 1285 AVENUE OF THE AMERICAS, 36TH FL
CITY-ST-ZIP NEW YORK, NY 10019

TITLE V
NAME PARRIS, RICHARD
STREET ADDRESS 1285 AVENUE OF THE AMERICAS, 36TH FL
CITY-ST-ZIP NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000556433
05/17/06-80010-002 150.00

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IN THIS SPACE**

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: _____ - Tetsuo Hosohara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/06

Date

(212) 397-5453

Daytime Phone #