

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90167 050 ***150.00

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**

40079951



2. Principal Place of Business - No P.O. Box #
805 THIRD AVENUE

3. Mailing Address
805 THIRD AVENUE

Suite, Apt. #, etc.
C/O Tomen America Inc.

Suite, Apt. #, etc.
C/O Tomen America Inc.

04192007 Chg-P CR2E034 (12/06)

City & State
NEW YORK, NY

City & State
NEW YORK, NY

4. FEI Number
65-0072588

Applied For
Not Applicable

Zip
10022

Country

USA

Zip
10022

Country

USA

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**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P D** ☒ Change ☐ Addition
NAME **HOSOHARA, TETSUO**
STREET ADDRESS **805 THIRD AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **D** ☐ Change ☒ Addition
NAME **ETO, DAISUKE**
STREET ADDRESS **805 THIRD AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **MATSUO, TSUYOSHI**
STREET ADDRESS **805 THIRD AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **V T** ☒ Change ☐ Addition
NAME **PARRIS, RICHARD**
STREET ADDRESS **805 THIRD AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**T. HOSOHARA
- PRESIDENT**

04/20/07

Date

(212) 355-3600

Daytime Phone #