## FILED Apr 01, 2004 8:00 am Secretary of State

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000002599  1. Entity Namie OGAWA ENTERPRISES, INC.							04-01-2004 90030 008 ***150.00				
Principal Ptec	e of Business	3	<u> </u>	94041433							
72225 NW 2	5TH STREET	7	Mailing Address 72225 NW 25TH STREET				_				
#300	2400		#300								
MIAMI, FL 33122 MIAMI, FL 33122							HIN STER ETEN ETEN CTIL		in mn in	12 M A 1811	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02072004	Chg-P	CR2E034 (	· ·		
City & State			City & State			4. FEI Number 65-0971	405		No	plied For t Applicable	
Zip	Zip Country		Zip	Coun	itry	5. Certificate o	f Status Desired	□ \$8.	.75 Add Regulred	itional	
	6. Name	and Address of Current	Registered Agent	jistered Agent			7. Name and Address of New Registered Agent				
		-	Name								
CESAR, NEUZA 7225 NW 25 STREET #300					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33166											
					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 Spendium by your or printed name or registered agent and this 4 applicable (NOTE: Registered Agent signature required when renstating)  DATE											
The part of the pa											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  S. Election Campaign Financing Trust Fund Contribution.						i.00 May Be ded to Fees					
10.		OFFICERS AND	DIRECTORS	RECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TALE	PD		Detate	TITL	ı				Change	☐ Addition	
NAME STREET ADDRESS	l	, JOSE MEDEIROS 116TH CT.		NAM	ř						
CHY-SI-ZIP	MIAMI, FL			1	ET ADORESS -S1-2:P						
TITLE	·		☐ Delete	TITL	E	*****************			Change	☐ Addition	
NAME				NAM	E						
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CITY-ST-ZIP	** *	*			-ST-ZIP			د			
TITLE	·····		☐ Delete	TITL	F				Change	☐ Addition	
NAME				NAM	E				•	_	
STREET ADDRESS				1	ET ADDRESS						
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CITY - ST - ZIP				CITY	- ST-2iP					1	
TITLE			☐ Deleta	īπL	E				Change	Addition	
NAME CORET LOIDEGE				NAM							
STREET ADDRESS CITY-ST-ZIP				1	ET ADDRESS -ST-ZIP						
	L certify that the	e information supplied with	this til no does not qualify f			ection 119 07/31/0	Florida Statutes 1	further certify	hat the in	formation	
12. Thereby certify that the information supplied with this tilling 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 suppliemental 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 chapter on an attachment with an address, with all other like empowered.											

SIGNATURE: 7

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Cuytime Phone #