## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000002599

Entity Name: OGAWA ENTERPRISES, INC.

FILED Mar 13, 2007 Secretary of State

| Current Principal Place of Business:          |                               |                                  | New Principal Place of Business:            |  |  |
|---|-------------------------------|----------------------------------|---|--|--|
| 14949 SW<br>MIAMI, FL                         | 8TH TERRA<br>33194            | CE                               |   |  |  |
| Current Mailing Address:                      |                               |                                  | New Mailing Address:                        |  |  |
| 14949 SW<br>MIAMI, FL                         | 8TH TERRA<br>33194            | DE                               |   |  |  |
| FEI Number:                                   | : 65-0971405                  | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |                               |                                  | Name and Address of New Registered Agent:   |  |  |
| 10200 NW<br>SUITE # 1                         |                               |                                  |   |  |  |
|   | named entity<br>e of Florida. | submits this statement for the p | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATUR                                      | RE:                           |                                  |   |  |  |
|   | Electro                       | nic Signature of Registered Age  | ent   | Date   |  |
| Election Car                                  | mpaign Financir               | ng Trust Fund Contribution ( ).  |   |  |  |
| OFFICERS AND DIRECTORS:                       |                               |                                  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ,                             |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE MEDEIROS DA SILVA PD 03/13/2007