2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2007 8:00 am
Secretary of State
05-09-2007 90114 048 ***150.00

DOCUMENT # P00000006494

1. Entity Name
CHISAKO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
11259 S.W. 90TH LANE MIAMI FL 33176	11259 S.W. 90TH LANE MIAMI FL 33176

66019188

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2522 PONCE DE LEON BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: CORAL GABLES FL.	
Zip	Country	Zip: 33134	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0975116 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TACHIBANA, CHISAKO 11259 S.W. 90TH LANE MIAMI FL 33176	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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D & Secretary TACHIBANA, CHISAKO 11259 S.W. 90TH LANE MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	OFFICER - D & President TACHIBANA, SHOZO 2522 PONCE DE LEON BLVD. CORAL GABLES, FL. 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Chisako Tachibana 2/26/07 (305)803-5642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #