

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90037 039 \*\*\*150.00

**DOCUMENT # P01000015824**

1. Entity Name  
**JAPAN FOOD CORPORATION**



Principal Place of Business      Mailing Address

**17150 COLLINS AVE STE 105/242  
SUNNY ISLES BEACH, FL 33160**      **17150 COLLINS AVE STE 105/242  
SUNNY ISLES BEACH, FL 33160**

**DO NOT WRITE IN THIS SPACE**



03032004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

**65-1136321**      Not Applicable

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

6. Name and Address of Current Registered Agent

**VOSKOBOYNIK, MICHAEL  
17150 COLLINS AVE STE 105/242  
SUNNY ISLES BEACH, FL 33160**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when maintaining)      DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 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	VOSKOBOYNIK, MICHAEL
STREET ADDRESS	37150 COLLINS AVENUE
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: Michael Vosk      03/04/04      305-931-7501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Michael Voskoboynik