


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90007 038 \*\*\*150.00

DOCUMENT # P01000016322		
1. Entity Name NAGOYA., INC.		

Principal Place of Business 569 PICKFAIR TERRACE LAKE MARY, FL 32746	Mailing Address 569 PICKFAIR TERRACE LAKE MARY, FL 32746
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94045713

2. Principal Place of Business 6417 Raleigh St. Suite, Apt. #, etc.	3. Mailing Address 539 N. Mills Ave. Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32835	Zip 32803

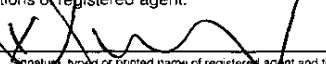
01152004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3696085	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LU, DANNY 569 PICKFAIR TERRACE LAKE MARY, FL 32746	
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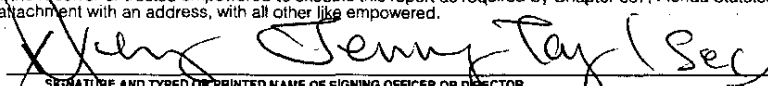
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LU, DANNY		NAME LU, DANNY	
STREET ADDRESS 569 PICKFAIR TERRACE		STREET ADDRESS 6417 Raleigh St.	
CITY-ST-ZIP LAKE MARY, FL 32746		CITY-ST-ZIP Orlando, FL 32835	
TITLE SD	<input type="checkbox"/> Delete	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAY, JENNY		NAME TAY, JENNY	
STREET ADDRESS 569 PICKFAIR TERRACE		STREET ADDRESS 6417 Raleigh St.	
CITY-ST-ZIP LAKE MARY, FL 32746		CITY-ST-ZIP Orlando, FL 32835	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: 	3/31/04	407 290-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #