## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 02, 2005 08:00 AM **Secretary of State** DOCUMENT # P02000004432 1. Entity Name MOMOYAMA, INC. Principal Place of Business Mailing Address 4991 N UNIVERSITY DRIVE 4991 N UNIVERSITY DRIVE LAUDERHILL, FL 33351 LAUDERHILL, FL 33351 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 26-0019341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HONG, EUN SUK DO NOT WRITE 4991 N UNIVERSITY DRIVE LAUDERHILL, FL 33351 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. 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. ... Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE NAME HONG, EUN SUK STREET ADDRESS 4991 N UNIVERSITY DRIVE CITY-ST-ZIP LAUDERHILL, FL 33351 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/05

**FILED**