2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000001347

1. Entity Name OKA SAWAMURA, INC.



Principal Place of Business

1624 SW 13TH STREET GAINESVILLE, FL 32608

Mailing Address

1624 SW 13TH STREET GAINESVILLE, FL 32608

FILED Apr 01, 2008 08:00 AM Secretary of State



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03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0668828

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OKABE, YUTAKA 1624 SW 13TH ST. GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its regis	tered office or r	egistered agent, or bo	th, in the State of Fl	orida. I am familiar with,	and accept	
SIGNATURE	Signature typed or printed name of registered agent and title is	applicable. (NOTE Regu	stered Agent signature	required when reinstating)		DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS					1 10	
TITLE	Р	•			•	•		
NAME	OKABE, YUTAKA					,	•	
STREET ADDRESS	10419 SW 45TH LANE		1 .	•		•	,	
CITY-SI-ZIP	P GAINESVILLE, FL 32608				U00000878833			
TITLE			1		04/11/08	-80083-001 15	0.00	
NAME			Ī		9.3	,		
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DO NOT WRITE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: __

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE TO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/31/02/352)373-1076