


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90013 011 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P05000070249</b>                |  |
| 1. Entity Name<br><b>SAGAWA CAPITAL, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>18730</b><br><del>540 GOLDEN HARBOUR DR.</del> <b>SEA TURTLE</b><br><b>BOCA RATON, FL 33432</b><br><b>33498</b> | Mailing Address<br><b>18730</b><br><del>540 GOLDEN HARBOUR DR.</del> <b>SEA TURTLE</b><br><b>BOCA RATON, FL 33432</b><br><b>33498</b> |
|---|---|

60000701



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01252006 Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>01-0837965</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent  |  |
| SAGAWA, HAJIME<br><del>540 GOLDEN HARBOUR DR.</del> <b>18730 SEA TURTLE LANE</b><br><b>BOCA RATON, FL 33432-33498</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 <b>1/29/06</b> |
|---|---------------------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete<br>D<br>SAGAWA, HAJIME<br><del>540 GOLDEN HARBOUR DR.</del> <b>18730 SEA TURTLE</b><br><b>BOCA RATON, FL 33432-33498</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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:  | DATE <b>1/29/06</b> | Daytime Phone # |
|--|---------------------|-----------------|