2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # P05000070249 1. Entity Name SAGAWA CAPITAL, INC.)32 006 ***150.00
Principal Plac	e of Business	Mailing Address		- dana -	
18730 SEA TURTLE LANE BOCA RATON, FL 33498 18730 SEA TURTLE LANE BOCA RATON, FL 33498					
2 Principal D	lace of Business - No P.O. Box#	3. Mailing Address			
540 GOLDEN HARBOUR DR 540 GOLDEN HA		24 PR-110 1		.8811 88118 11811 81818 18111881 11 1881	
Suite, Apt.		Suite, Apt. #, etc.			R2E034 (12/06)
City & Stat	c	City & State		4. FEI Number	Applied For
	RATON	BOGA RATO		01-0837965	Not Applicable
Zip	Country	Zip 33432	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
3343	Name and Address of Current f			7. Name and Address of New Regist	·
Nai					
SAGAWA, HAJIME				ress (P.O. Box Number is Not Acceptable)	
18730 SEA TURTLE LANE				GOLDEN HARBOUR D	R.
BOCA RATON, FL. 33498					
	·		City		Zíp Code
			BOCA	RATON	<u> </u>
	enamed entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or re	gistered agent, or both, in the State of Florida.	I am familiar with, and accept
inc obligat	aona or registerett agent.				
SIGNATURE	Signature, typed or project name of Astered agent a	ed title if applicable. (NOTE:	Registered Agent signature i	trockious venus paintistana)	DATE DATE
	Signature, types or product indices in Application of agencies	PAGE TAXABLE	stedents or salt to salt and s	TAGENCE 4-102 CANADA (II)	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	· · -	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	I DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 11
TITLE	D	Delete	TITLE 1/2	- 2	Change Addition
NAME	SAGAWA, HAJIME		NAME S	TAGAWA, HATIME	
STREET ADDRESS	18730 SEA TURTLE LANE		STREET AUDRESS	THO GOLDEN MARBOUR	DR.
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	OCA RATON J3432	
HILLE		☐ Delete	TOTALE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			arrett Aubbreaa		
HILE			CITY - ST - ZIP		
NAME		☐ Dolote			Change Addition
		☐ Delete	TITLE	· · ·	☐ Change ☐ Addition
STREET ADDRESS		☐ Delete		•	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-7IP		☐ Delete	TRILE NAME		☐ Change ☐ Addition
		☐ Delete	THILE NAME STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-7IP TITLE NAME			TITLE NAME STREET AUDRESS CITY-ST-7IP FILE NAME	-	•
CITY-ST-7IP TITLE NAME STREET ADDRESS			THLE NAME STREET ADDRESS CITY-ST-7IP FILE NAME STREET ADDRESS	•	
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CITY-ST-7IP TITLE NAME STREET ADDRESS CHY-S1-2IP TITLE			TITLE NAME STREET AUDRESS CITY-ST-7IP FITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE		•
CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-2IP HITE HAME		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-7IP FITLE NAME STREET ADDRESS CITY-ST-7IP TITLE HAME	·	☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED ON PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08

561-312-5994

Daytime Phone #