


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-11-2008 90032 006 ***150.00

DOCUMENT # P05000070249 1. Entity Name SAGAWA CAPITAL, INC.			
Principal Place of Business 18730 SEA TURTLE LANE BOCA RATON, FL 33498		Mailing Address 18730 SEA TURTLE LANE BOCA RATON, FL 33498	
2. Principal Place of Business - No P.O. Box # 540 GOLDEN HARBOUR DR. Suite, Apt. #, etc.		3. Mailing Address 540 GOLDEN HARBOUR DR. Suite, Apt. #, etc.	
City & State BOCA RATON		City & State BOCA RATON	
Zip 33432		Zip 33432	
Country		Country	
4. FEI Number 01-0837965		Applied For <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 SAGAWA, HAJIME 18730 SEA TURTLE LANE BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name SAGAWA, HAJIME Street Address (P.O. Box Number is Not Acceptable) 540 GOLDEN HARBOUR DR. City BOCA RATON	
State FL		Zip Code 33432	
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 <u><i>[Signature]</i></u> DATE <u>1/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SAGAWA, HAJIME STREET ADDRESS 18730 SEA TURTLE LANE CITY-ST-ZIP BOCA RATON, FL 33498	<input type="checkbox"/> Delete	TITLE ND NAME SAGAWA, HAJIME STREET ADDRESS 540 GOLDEN HARBOUR DR. CITY-ST-ZIP BOCA RATON 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/4/08</u> <u>561-312-5994</u> <small>Daytime Phone #</small>	