

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90021 001 ***150.00

DOCUMENT # P05000168106

1. Entity Name
MOKAJIRO, INC.



Principal Place of Business

Mailing Address

~~893 SW 120TH WAY~~
~~DAVIE, FL 33325~~

~~893 SW 120TH WAY~~
~~DAVIE, FL 33325~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10640 Washington ST
Suite, Apt. #, etc.
#103

10640 Washington ST
Suite, Apt. #, etc.
#103

City & State
Pembroke Pines, FL

City & State
Pembroke Pines

Zip
33025

Country
Broward

Zip
FL

Country
33025

01152008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-4012698

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TSUJI, YUKARI
893 SW 120TH WAY
DAVIE, FL 33325

Name
TSUJI, YUKARI
Street Address (P.O. Box Number is Not Acceptable)
10640 Washington Avenue ST
#103
City
Pembroke Pines

FL

Zip Code
33025

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
TSUJI, YUKARI
STREET ADDRESS
893 SW 120TH WAY
CITY-ST-ZIP
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSUJI, YUKARI
10640 WASHINGTON Avenue
Pembroke Pines, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/16/08

Daytime Phone #