

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90002 030 \*\*\*558.75

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05082006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P12489</b> 1. Entity Name <b>OCS AMERICA INC.</b>					
Principal Place of Business <b>49-27 31ST STREET</b> <b>LONG ISLAND CITY, NY 11101 US</b>			Mailing Address <b>49-27 31ST STREET</b> <b>ATTN: ADMINISTRATION DEPT.</b> <b>LONG ISLAND CITY, NY 11101 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <b>ATTN.: HRS Dept.</b>		
City & State			City & State		
Zip		Country		4. FEI Number <b>13-2254224</b>	
5. Certificate of Status Desired		<input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>KOIDE, KAORU</b> <b>8860 NW 18TH TERR.</b> <b>MIAMI, FL 33172</b>				<b>7. Name and Address of New Registered Agent</b> Name - Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>KAWABE, KOICHIRO</b> <b>236 E. 47TH ST. #30B</b> <b>NEW YORK, NY 10017</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>NAITO, HITOSHI</b> <b>236 E. 47th St. #30B, New York, NY 10017</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MURASE, JIRO</b> <b>399 PARK AVENUE</b> <b>NEW YORK, NY</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ONUMA, SUSAN</b> <b>101 Park Ave., New York, NY 10178</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>ITO, KATSUJI</b> <b>235 E. 40TH ST. #101</b> <b>NEW YORK, NY 10016</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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.					
<b>SIGNATURE:</b>			<b>Katsuji Ito</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>718-784-6080</small>		