

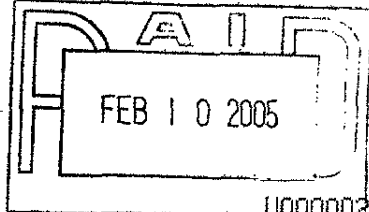
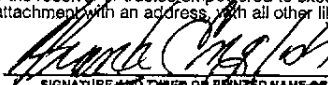


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P34553 1. Entity Name PFRS YAMATO CORP.			
Principal Place of Business 79 ALFRED STREET DETROIT, MI 48201		Mailing Address 79 ALFRED STREET DETROIT, MI 48201	
DO NOT WRITE IN THIS SPACE			
		 01062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 38-2975514 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		 U00000254180 03/07/05-80064-011 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ENGLISH, FRANK 908 COLEMAN A. YOUNG MUNICIPAL CENTER DETROIT, MI 48226		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FAIRWEATHER, WILLIAM 908 COLEMAN A. YOUNG MUNICIPAL CENTER DETROIT, MI 48226		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BANDEMER, MARTY 908 COLEMAN A. YOUNG MUNICIPAL CENTER DETROIT, MI 48226		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ISOM, LAURA 908 COLEMAN A. YOUNG MUNICIPAL CENTER DETROIT, MI 48226		
TITLE NAME 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 exemption stated in Section 119.07(3)(i), 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-13-05 313 224334 Date Daytime Phone #	