

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000008316

1. Entity Name
TOKYO TRADING CORP.



Principal Place of Business

2335 NW 107 AVE.
SUITE 2M-36
MIAMI, FL 33172 US

Mailing Address

2335 NW 107 AVE.
SUITE 2M-36
MIAMI, FL 33172 US

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0393897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ORTIZ, GOMEZ & BUZZI
132 MINORCA AVE
CORAL GABLES, FL 33134

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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	DP
NAME	YAZAWA, AKIRA
STREET ADDRESS	2335 NW 107 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	DV
NAME	LOPEZ, YOLANDA LAGOS
STREET ADDRESS	2335 NW 107 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	DTS
NAME	YAZAWA, AKIRA
STREET ADDRESS	2335 NW 107 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	DAS
NAME	LAGOS, YOLANDA LOPEZ
STREET ADDRESS	2335 NW 107TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/08-80037-004 150.00

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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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08 305-7159935
Date Daytime Phone #