


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000049032</b> 1. Entity Name <b>PARCEL C-I DEVELOPMENT, INC.</b>																																																																																																																														
Principal Place of Business <b>1285 AVENUE OF THE AMERICAS, 36TH FLO C/O TOMEN AMERICA, INC NEW YORK NY 10019</b>			Mailing Address <b>1285 AVENUE OF THE AMERICAS, 36TH FLO C/O TOMEN AMERICA, INC NEW YORK NY 10019</b>																																																																																																																											
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State			City & State																																																																																																																											
Zip		Country		4. FEI Number <b>13-3786400</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																										
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/04)																																																																																																																										
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																																																																																														
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5" rowspan="2" style="text-align: center; vertical-align: middle;">           U000000344767            04/30/05-80010-002 150.00         </td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HOSOHARA, TETSUO</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5" rowspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MARAIA, JOHN</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5" rowspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>V</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PARRIS, RICHARD</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5" rowspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HIRATA, MINORU</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5" rowspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WADA, AKIRA</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5" rowspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td rowspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MARAIA, JOHN</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5" rowspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	U000000344767 04/30/05-80010-002 150.00					CITY-ST-ZIP	TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HOSOHARA, TETSUO	NAME		STREET ADDRESS						CITY-ST-ZIP	TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MARAIA, JOHN	NAME		STREET ADDRESS						CITY-ST-ZIP	TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PARRIS, RICHARD	NAME		STREET ADDRESS						CITY-ST-ZIP	TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HIRATA, MINORU	NAME		STREET ADDRESS						CITY-ST-ZIP	TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WADA, AKIRA	NAME		STREET ADDRESS						CITY-ST-ZIP	TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MARAIA, JOHN	NAME		STREET ADDRESS						CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>- Tetsuo Hosohara</b> <b>04/25/05</b> <b>(212) 397-5453</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																														