


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000049032 1. Entity Name PARCEL C-I DEVELOPMENT, INC.	
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Principal Place of Business 1285 AVENUE OF THE AMERICAS, 36TH FLOOR C/O TOMEN AMERICA, INC NEW YORK, NY 10019	Mailing Address 1285 AVENUE OF THE AMERICAS, 36TH FLOOR C/O TOMEN AMERICA, INC NEW YORK, NY 10019
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3786400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 STREET ADDRESS CITY - ST - ZIP	PD HOSOHARA, TETSUO 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARAI, JOHN 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PARRIS, RICHARD 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HIRATA, MINORU 1285 AVE. OF THE AMERICAS-36F1 NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WADA, AKIRA 1285 AVENUE OF THE AMERICAS, 36TH FL NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARAI, JOHN 1285 AVENUE OF THE AMERICAS, 36TH FL NEW YORK, NY 10019

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05/17/06-80017-005 150.00

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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:  - Tetsuo Hosohara 04/25/06 (212) 397-5453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #