
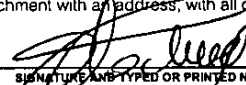


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90208 036 \*\*\*150.00

<b>DOCUMENT # P95000083445</b> 1. Entity Name <b>AM-JAP TRADING COMPANY</b>					
Principal Place of Business <b>8925 COLLINS AVENUE APT. #12-C SURFSIDE, FL 33154</b>			Mailing Address <b>1005 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154</b>		
2. Principal Place of Business		3. Mailing Address <b>1005 Kane Concourse</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite #203</b>			
City & State		City & State <b>Bay Harbor Islands, FL</b>		4. FEI Number <b>65-0757599</b>	
Zip <b>33154</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAUSER, MARC 1111 KANE CONCOURSE #616 BAY HARBOR ISLANDS, FL 33154</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOCHIMEK, FRANCINE 8925 COLLINS AVENUE., 12-C SURFSIDE, FL 33154</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>10/23/2006</b> <small>Date</small>		