

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90024 034 \*\*\*150.00

<b>DOCUMENT # P97000024560</b> 1. Entity Name <b>PARCEL Z CONSTRUCTION CO., 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COHEN, ROBERT</b> <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR</b> <b>NEW YORK NY 10019</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Hosohara, Tetsuo</b> <b>1285 Avenue of the Americas, 36th Floor</b> <b>New York, NY 10019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COHEN, ROBERT</b> <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR</b> <b>NEW YORK NY 10019</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wada, Akira</b> <b>1285 Avenue of the Americas, 36th Floor</b> <b>New York, NY 10019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>IWAMOTO, HIDEYUKI</b> <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR</b> <b>NEW YORK NY 10019</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Hirata, Minoru</b> <b>1285 Avenue of the Americas, 36th Floor</b> <b>New York, NY 10019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARAIA, JOHN</b> <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR</b> <b>NEW YORK NY 10019</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Maraia, John</b> <b>1285 Avenue of the Americas, 36th Floor</b> <b>New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HOSOHARA, TETSUO</b> <b>1285 AVENUE OF AMERICA, 36 FL</b> <b>NEW YORK NY 10019</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Parris, Richard</b> <b>1285 Avenue of the Americas, 36th Floor</b> <b>New York, NY 10019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hosohara, Tetsuo</b> <b>1285 Avenue of the Americas, 36th Floor</b> <b>New York, NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Tetsuo Hosohara</b> <b>2/5/04</b> <b>212 397 5453</b> <small>Date Daytime Phone #</small>		