


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000024560 1. Entity Name PARCEL Z CONSTRUCTION CO., 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



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3949200	Applied For 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	P HOSOHARA, TETSUO 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADA, AKIRA 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIRATA, MINORU 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARAIA, JOHN 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRIS, RICHARD 1285 AVENUE OF AMERICA, 36 FL NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSOHARA, TETSUO 1285 AVENUE OF AMERICA, 36 FL NEW YORK, NY 10019

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05/17/06-80010-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/06
Date

(212) 397-5453
Daytime Phone #