


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90167 049 \*\*\*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 FLOOR C/O TOMEN AMERICA, INC NEW YORK, NY 10019</b>			Mailing Address <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR C/O TOMEN AMERICA, INC NEW YORK, NY 10019</b>		
2. Principal Place of Business - No P.O. Box # <b>805 THIRD AVENUE</b> Suite, Apt. #, etc. <b>C/O Tomen America Inc.</b>		3. Mailing Address <b>805 THIRD AVENUE</b> Suite, Apt. #, etc. <b>Tomen America Inc.</b>		04192007    Chg-P    CR2E034 (12/06)	
City & State <b>NEW YORK, NY</b>		City & State <b>NEW YORK, NY</b>		4. FEI Number <b>13-3949200</b>	
Zip <b>10022</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <div style="text-align: right;"><b>FL</b>    Zip Code</div>	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	NAME <b>HOSOHARA, TETSUO</b>		TITLE <b>P D</b>	NAME <b>HOSOHARA, TETSUO</b>	
STREET ADDRESS <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR</b>	CITY-ST-ZIP <b>NEW YORK, NY 10019</b>		STREET ADDRESS <b>805 THIRD AVENUE</b>	CITY-ST-ZIP <b>NEW YORK, NY 10022</b>	
TITLE <b>D</b>	NAME <b>WADA, AKIRA</b>		TITLE <b>D</b>	NAME <b>ETO, DAISUKE</b>	
STREET ADDRESS <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR</b>	CITY-ST-ZIP <b>NEW YORK, NY 10019</b>		STREET ADDRESS <b>805 THIRD AVENUE</b>	CITY-ST-ZIP <b>NEW YORK, NY 10022</b>	
TITLE <b>T</b>	NAME <b>HIRATA, MINORU</b>		TITLE <b>S</b>	NAME <b>MATSUO, TSUYOSHI</b>	
STREET ADDRESS <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR</b>	CITY-ST-ZIP <b>NEW YORK, NY 10019</b>		STREET ADDRESS <b>805 THIRD AVENUE</b>	CITY-ST-ZIP <b>NEW YORK, NY 10022</b>	
TITLE <b>D</b>	NAME <b>MARAIA, JOHN</b>		TITLE 	NAME 	
STREET ADDRESS <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR</b>	CITY-ST-ZIP <b>NEW YORK, NY 10019</b>		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE <b>VP</b>	NAME <b>PARRIS, RICHARD</b>		TITLE <b>V T</b>	NAME <b>PARRIS, RICHARD</b>	
STREET ADDRESS <b>1285 AVENUE OF AMERICA, 36 FL</b>	CITY-ST-ZIP <b>NEW YORK, NY 10019</b>		STREET ADDRESS <b>805 THIRD AVENUE</b>	CITY-ST-ZIP <b>NEW YORK, NY 10022</b>	
TITLE <b>D</b>	NAME <b>HOSOHARA, TETSUO</b>		TITLE 	NAME 	
STREET ADDRESS <b>1285 AVENUE OF AMERICA, 36 FL</b>	CITY-ST-ZIP <b>NEW YORK, NY 10019</b>		STREET ADDRESS 	CITY-ST-ZIP 	
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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>T. HOSOHARA</b> <b>- PRESIDENT</b>		
Date <b>04/20/07</b>			Daytime Phone # <b>(212) 355-3600</b>		