2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P97000037193** 03-20-2008 90040 032 ***150.00 1. Entity Name TOWA INTERNATIONAL, CORP. Principal Place of Business Mailing Address 50000893 782 NW 42ND AVENUE 782 NW 42ND AVENUE **SUITE 430** SUITE 430 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01032008 Cha-P Applied For City & State City & State 4. FEI Number 65-0747883 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAKAYAMA, TAMAYU Street Address (P.O. Box Number is Not Acceptable) 16711 COLLINS AVE APT 506 SUNNY ISLES9Y, FL 33160 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Addition TITLE ☐ Delete NAME TAKAYAMA, YOSHIHIKO NAME 1717 NORTH BAYSHORE DRIVE, SUITE #1849 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE TAKAYAMA, YUNO NAME 305 W. 50TH STREET, SUITE #19-D STREET ADDRESS STREET ADDRESS NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TAKAYAMA, TAMAYU NAME NAME 305 W 50TH STREET, SUITE #19-D STREET ADDRESS STREET ADDRESS NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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

FILED Mar 20, 2008 8:00 am

Daytime Phone #