2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # P97000076725 1. Entity Name AMERICAN SAKURA COMPANY, INC.			04-26-2004	04-26-2004 91053 030 ***150.00	
Principal Place of Business 8 15 NE 159TH S T N. MIAMI-BOH, FE-33162	Mailing Address 815 MC 160TH ST N. MIANT BOLL, CL. 681	62	in the second se		
2. Principal Place of Business 7350 NW 114 AVE # 105 Suite, Apt. # etc.	50 NW 114 AVE. # 105 P.O. BOX 720547				
	City & State		04192004 Chg-P	CR2E034 (10/03)	
City & State MIAMI, FL Zip Country	MIAMI, FL	Country	4. FEI Number 65-0784194	Applied For Not Applicable	
33178 USA 6. Name and Address of Current R	33172	USA 3	5. Certificate of Status Desired 7. Name and Address of New	\$8.75 Additional Fee Required	
GUZMAN, ESTEBAN		Name	t the same will be a second to the second to	registered Agent	
7350 Address (PA By Number's Not Acceptable)					
			And the state of t	,	
8. The above named entity submits this statement for the	the nurrose of changing its	City MIAM	I registered agent or both in the State of E	FL Zip Code 33178	
8. The above named entity submits this statement for the obligations of registered agent.	are purpose, or changing its	registered office of	registered agent, or both, in the state of t	iorida. Tarriariniar wiiri, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND D	IRECTORS Delete	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
NAME GUZMAN, ESTEBAN STREET ADDRESS	NAME ·	7350 NW.114 AVE.	Machange ☐ Addition # 105		
City-St-ZIP		STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33178		
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The Adams of the Art o	Change Addition	
TITLE • NAME	☐ Delete	TITLE .	The state of the s	Change Addition	
STREET ADDRESS CITY-ST-ZIP	t .	STREET ADDRESS	The following services to the contraction of the co	•	
TILE	☐ Delete	TITLE	The straining of the	, Change Addition	
NAME STREET ADDRESS CITY OF THE	1	NAME STREET ADDRESS .			
CITY-ST-ZIP TIFLE	Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	$s = \max_{i \in \mathcal{I}_{i}} \left(\frac{f_{i}}{f_{i}} \right)$. ·	
NAME RESERVED TO THE PARTY OF T	☐ Delete	TITLE .	taetk k	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
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 of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					

ESTEBAN GUZMAN

305-597-5190