

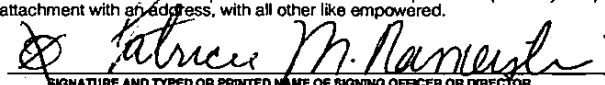


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90036 032 ***150.00

DOCUMENT # P98000004245 1. Entity Name MARKETING CONCEPT ASIA, INC.					
Principal Place of Business 1000 QUAYSIDE TERRACE #1608 MIAMI, FL 33138			Mailing Address 1000 QUAYSIDE TERRACE #1608 MIAMI, FL 33138		
2. Principal Place of Business 10800 BISCAYNE BLVD Suite, Apt. #, etc. #150		3. Mailing Address 10800 BISCAYNE BLVD Suite, Apt. #, etc. #150		40005763 	
City & State MIAMI, FL		City & State MIAMI, FL		01122005 Chg-P CR2E034 (10/03)	
Zip 33161 Country USA		Zip 33161 Country USA		4. FEI Number 65-0803229	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TACHIBANA, MITSUKAZU 1000 QUAYSIDE TERRACE #1608 MIAMI, FL 33138			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD #150 City MIAMI FL Zip Code 33161		
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAMEISHI, PATRICIA M 1000 QUAYSIDE TERRACE #1608 MIAMI, FL 33138	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 10800 BISCAYNE BLVD #150 MIAMI, FL 33161
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE:  1/25/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					