

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000021874

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** MAKU ICE AND SCULPTING SERVICE, INC.

**Current Principal Place of Business:**

5320 DESMOND LANE  
ORLANDO, FL 32821

**New Principal Place of Business:**

5795 PARKVIEW POINT DRIVE  
ORLANDO, FL 32821

**Current Mailing Address:**

5320 DESMOND LANE  
ORLANDO, FL 32821

**New Mailing Address:**

5795 PARKVIEW POINT DRIVE  
ORLANDO, FL 32821

**FEI Number:** 59-3494998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAKU, YOICHI  
5320 DESMOND LANE  
ORLANDO, FL 32821 US

**Name and Address of New Registered Agent:**

MAKU, YOICHI  
5795 PARKVIEW POINT DRIVE  
ORLANDO, FL 32821 US

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.

SIGNATURE:

02/18/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MAKU, YOICHI  
Address: 5795 PARKVIEW POINT DRIVE  
City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: YOICHI MAKU

D

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date