2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND DIVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 12, 2004 08:00 AM Secretary of State

DOCUMENT # P98000072103 1. Entity Name AKI YOSHIDA, INC.					Secretary of State				
Principal Plac	e of Business								
7464 UNIVE ORLANDO, F	7464 UNIVERSAL BLVI ORLANDO, FL 32819	ο.							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282004	Chg-P	CR2E034	(10/03)	
City & State		City & State			4. FEI Number 59-3527				piled For at Applicable
Zip	Country	Zip Goun		atry	5. Certificate o	of Status Desired		B.75 Add Bequire	
	5. Name and Address of Curren		7. Name and	Address of New Re	gistered Ag	ent			
YOSHIDA, AKINORI				Name Street Address (P.O. Box Number is Not Acceptable)					
5644 PARKVIEW LAKE DRIVE ORLANDO, FL 32821				- Graet Modiass (F.O. BOX NUMBER		; 		
			City		<u> </u>	FL	Zip Code	3	
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									
Description of August 1 and Aug									
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				
10.					ADDITIONS/C	CHANGES TO OFFI	CERS AND D	RECTOR	\$10(11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 lay at effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter on an attachment with an address, with all other like empowered.									