

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90060 050 ***150.00

DOCUMENT # S26158 1. Entity Name ICHIKOSHI (USA) INC.			
Principal Place of Business 1278 ADMIRALTY BLVD ROCKLEDGE, FL 32955		Mailing Address 1278 ADMIRALTY BLVD ROCKLEDGE, FL 32955	
2. Principal Place of Business 1279 Admiralty Blvd.		3. Mailing Address 1279 Admiralty Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Rockledge, FL		City & State Rockledge FL	
Zip 32955		Country US	
4. FEI Number 65-0236577		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D SEKIYA, SHIGEO 3-9 NIHONBASHI-MUROMACHI CHUO-KU, TOKYO, JAPAN.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Tayo Kato 8-6-1 Ginza Chuo-Ku, Tokyo, Japan 104-0061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHOJI, KATO 1278 ADMIRALTY BLVD ROCKLEDGE, FL 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shoji Kato 1279 Admiralty Blvd. Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOBUHIRO, SEKIYA 139 NIHON BASHI-MURO MACHI CHUO-KU, TOKYO JAPAN, 103-022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nobuhiro Sekiya 1-3-9 Nihonbashi-Muromachi Chuo-Ku, Tokyo Japan 103-0022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Shoji Kato</u>		Shoji Kato 3/31/05 (321)633-2520	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	