

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 045 ***150.00

DOCUMENT # V07831

1. Entity Name
JAPAN AMERICAN TOURS, INC.



Principal Place of Business
**7041 GRAND NATIONAL DRIVE
SUITE 211
ORLANDO, FL 32819 US**

Mailing Address
**7041 GRAND NATIONAL DRIVE
SUITE 211
ORLANDO, FL 32819 US**

40004630



01092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
7021 Grand National Dr
Suite, Apt. #, etc.
Suite 109

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State

4. FEI Number
59-3104150

Applied For
Not Applicable

Zip
32819

Country
Orange

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAEDA, MASAKO
7041 GRAND NATIONAL DRIVE
SUITE 211
ORLANDO, FL 32819**

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

Masako Maeda

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/10/2008

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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 **D** ☐ Delete
NAME **MAEDA, MASAKO**
STREET ADDRESS **7031 GRAND NATIONAL DR**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Masako Maeda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2008

DATE

LA07/352-7664

DAYTIME PHONE #