

2006. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 015 ***150.00

DOCUMENT # V66617

1. Entity Name

NONA, INC.



Principal Place of Business

801 N MAGNOLIA AVE
SUITE 502
ORLANDO FL 32803
US

Mailing Address

801 N MAGNOLIA AVE
SUITE 502
ORLANDO FL 32803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3145066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER
ORLANDO FL 32802

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	TSUJI, KEIZABURO	
STREET ADDRESS	246-40 ALAMEDA AVE.	
CITY-ST-ZIP	LITTLE ROCK NY	

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	YASUOKA, KENICHI MR	
STREET ADDRESS	1270 6TH AVE, #1815	
CITY-ST-ZIP	NEW YORK NY 10020	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TSUJI, KEIZABURO	
STREET ADDRESS	1270 6TH AVE, #1815	
CITY-ST-ZIP	NEW YORK NY 10020	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASAYOSHI KONAKA	
STREET ADDRESS	9608 TAVISTOCK CT	
CITY-ST-ZIP	ORLANDO, FL 32827	

TITLE	SECRETARY, TREASURER & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENICHI YASUOKA	
STREET ADDRESS	117 EAST 57TH ST, #32-2	
CITY-ST-ZIP	NEW YORK, NY 10022	

TITLE	ASSISTANT SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOSHIO TANAKA	
STREET ADDRESS	8715 VIA BELLA NOTTE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32836	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, will all other like empowered.

SIGNATURE:

KENICHI YASUOKA

FEB. 7, 2006

(212) 581-2145