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 office	er 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.					

PRESIDENT

SIGNATURE: HOCHOONG LEE

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

5090 N 40TH STREET, SUITE 140 PHOENIX, AZ 85018

Current Mailing Address:

5090 N 40TH STREET, SUITE 140 PHOENIX, AZ 85018 US

FEI Number: 45-3418661

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Officer/Director Detail :					
Title	DIRECTOR	Title	PS		
Name	TOMONAGA, ICHIRO	Name	LEE, HOCHOONG		
Address	5090 N 40TH STREET, SUITE 140	Address	5090 N 40TH STREET, SUITE 140		
City-State-Zip:	PHOENIX AZ 85018	City-State-Zip:	PHOENIX AZ 85018		

2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

01/11/2023

01/11/202

FILED Jan 11, 2023 Secretary of State 3542823994CC

Certificate of Status Desired: Yes

Date

Date