


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000001226</b> 1. Entity Name NAKAJIMA USA, INC.			
Principal Place of Business 6033 W. CENTURY BLVD, STE 101 LOS ANGELES, CA 90045		Mailing Address 6033 W. CENTURY BLVD, STE 101 LOS ANGELES, CA 90045	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04012005 No Chg-P CR2E034 (10/03)	
4. FEI Number 95-4817595		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY ST ZIP		D NAKAJIMA, SHINJI 6033 W. CENTURY BLVD, STE 101 LOS ANGELES, CA 90045	
TITLE NAME STREET ADDRESS CITY ST ZIP		D FUKUOKA, YASUHIRO 6033 W. CENTURY BLVD, STE 101 LOS ANGELES, CA 90045	
TITLE NAME STREET ADDRESS CITY ST ZIP		DP WEBER, ROBERT E 6033 W. CENTURY BLVD, STE 101 LOS ANGELES, CA 90045	
TITLE NAME STREET ADDRESS CITY ST ZIP		DCFO OKA, YOSHIKO 6033 W. CENTURY BLVD, STE 101 LOS ANGELES, CA 90045	
TITLE NAME STREET ADDRESS CITY ST ZIP		DS INA, MASAYUKI 6033 W. CENTURY BLVD, STE 101 LOS ANGELES, CA 90045	
TITLE NAME STREET ADDRESS CITY ST ZIP		P WEBER, ROBERT E 6033 W. CENTURY BLVD, STE 101 LOS ANGELES, CA 90045	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/29/05 (310)649-1188 <small>Date Daytime Phone #</small>	