

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000001754**

1. Entity Name

NIPPON TRAVEL AGENCY AMERICA, INC.



Principal Place of Business

4554 S SEMORAN BLVD  
ORLANDO, FL 32822

Mailing Address

1025 W. 190TH ST, SUITE 300  
GARDENA, CA 90248

**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number

95-4729308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOJIMA, MINORI  
4554 S. SEMORAN BLVD  
ORLANDO, FL 32822

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11000000083932  
03/10/04-80057-023 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MITSUYA, HIDETOSHI  
STREET ADDRESS 1025 W. 190TH ST, SUITE 300  
CITY-ST-ZIP GARDENA, CA 90248

TITLE TS  
NAME TSUNA, AKIO  
STREET ADDRESS 1025 W. 190TH ST, SUITE 300  
CITY-ST-ZIP GARDENA, CA 90248

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AKIO TSUNA

3/4/2004

Date

(310) 768-1817

Daytime Phone #