

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90118 037 \*\*\*150.00

<b>DOCUMENT # P20348</b>							
1. Entity Name JALPAK INTERNATIONAL AMERICA, INC.							
Principal Place of Business 390 N SEPULVEDA 2000 EL SEGUNDO, CA 90245		Mailing Address 390 N SEPULVEDA 2000 EL SEGUNDO, CA 90245					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>99-0143950</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
OSAWA, KUNIKO 5805 BLUE LAGOON DR STE 445 MIAMI, FL 33126			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOJIMA, YUZO		NAME	YOSHINO, KAZUTOSHI			
STREET ADDRESS	390 N SEPULVEDA STE 2000		STREET ADDRESS	390 N. SEPULVEDA BLVD. STE 2000			
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP	EL SEGUNDO, CA 90245			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MASEGI, KIMIO		NAME	MIYOSHI, SUSUMU			
STREET ADDRESS	390 N SEPULVEDA SUITE 2000		STREET ADDRESS	390 N. SEPULVEDA BLVD. STE 2000			
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP	EL SEGUNDO, CA 90245			
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AOKIO, TERUO		NAME				
STREET ADDRESS	390 N SEPULVEDA STE 2000		STREET ADDRESS				
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASHIWA, PETER		NAME				
STREET ADDRESS	390 N SEPULVEDA BLVD STE 2000		STREET ADDRESS				
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 		TERUO AOKI		7/01/04 (310)606-5312			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

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