2005 FOI I ROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P36615

1. Entity Name

KAJIMA ASSOCIATES, INC.



Principal Place of Business

395 W. PASSAIC ST

3RD FLOOR

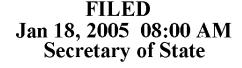
ROCHELLE PARK, NI 07662

Mailing Address

395 W. PASSAIC ST

3RD FLOOR

ROCHELLE PARK, NJ 07662





01042005

No Chg-P

CR2E034 (10/03)

4. FEI Number 22-3130508

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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

6. Name and Address of Current Registered Agent

(NOTE. Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000184714 01/20/05-80041-004 158.75

OFFICERS AND DIRECTORS 10. TITLE NORIHAMA, KATSUSHI NAME STREET ADDRESS 395 W. PASSAIC ST CITY-ST-ZIP ROCHELLE PARK, NJ 07662 DVGM TITLE NAME RAHIMIAN, MOHAMMAD STREET ADDRESS 395 W. PASSAIC ST ROCHELLE PARK, NJ 07662 CITY-ST-ZIP TITLE NAME MARUGAME, HIDEYA 395 W. PASSAIC ST. STREET ADDRESS CITY-ST-ZIP ROCHELLE PARK, NJ 07662 NAME SPRINGER, TODD 395 W. PASSAIC ST STREET ADDRESS ROCHELLE PARK, NJ 07662 CITY-ST-ZIP TITLE NIGRO, RICHARD NAME STREET ADDRESS 395 W. PASSAIC ST CITY-ST-ZIP ROCHELLE PARK, NJ 07662 TITLE KAWADA, MASAHIRO NAME STREET ADDRESS 395 W. PASSAIC ST. ROCHELLE PARK, NJ 07662 CITY-ST-ZIP

DO NOT WRITE 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)(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:

Katsushi Norihama Lowkamar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05

201-518-2100

Daytime Phone #