


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P36615		
1. Entity Name KAJIMA ASSOCIATES, INC.		
Principal Place of Business 395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK, NJ 07662	Mailing Address 395 W. PASSAIC ST 3RD FLOOR ROCHELLE PARK, NJ 07662	



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3130508	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

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	Treasurer
NAME	SASAKI, TAKESHI
STREET ADDRESS	3500 PIEDMONT RD. STE. 700
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	President, Chief Executive Officer
NAME	MARUGAME, HIDEYA
STREET ADDRESS	395 W. PASSAIC ST.
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662
TITLE	Vice President/Director
NAME	RAHIMIAN, MOHAMMAD
STREET ADDRESS	395 W. PASSAIC ST
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662
TITLE	Secretary
NAME	NIGRO, RICHARD
STREET ADDRESS	3500 PIEDMONT RD. STE. 700
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	Vice President
NAME	TAKENAKA, NOBUYUKI
STREET ADDRESS	901 CORPORATE CENTER DR.
CITY-ST-ZIP	MONTEREY PARK, CA 91754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000921269
 05/14/09-80076-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Takeshi Sasaki 04/18/2008 404-812-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Takeshi Sasaki, Treasurer