

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 19, 2005  
Secretary of State**

DOCUMENT# S12279

Entity Name: PIONEER INTERNATIONAL (MIAMI), INC.

**Current Principal Place of Business:**

5200 BLUE LAGOON DR  
STE 850  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

5200 BLUE LAGOON DR  
STE 850  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 65-0226120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALEDES-FAULI CORPORATE SERVICES INC  
TWO SOUTH BISCAYNE BLVD, STE 3400  
ONE BISCAYNE TOWER  
MIAMI, FL 331311897 US

**Name and Address of New Registered Agent:**

VALDES-FAULI CORPORATE SERVICES INC  
TWO SOUTH BISCAYNE BLVD, STE 3400  
ONE BISCAYNE TOWER  
MIAMI, FL 331311897 US

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.

SIGNATURE: VALDES-FAULI CORPORATE SERVICES, INC.

09/19/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KANEKO, KAZUISHI  
Address: 5200 BLUE LAGOON DR STE 850  
City-St-Zip: MIAMI, FL 33126

Title: DPST ( ) Delete  
Name: NOMIYA, KAZUHIRO  
Address: 5200 BLUE LAGOON DR. STE. 850  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: ASAHINA, SUSUMU  
Address: 5200 BLUE LAGOON DR. STE 850  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KUBONOYA, SHUNSUKE  
Address: 5200 BLUE LAGOON DR. STE 850  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAZUHIRO NOMIYA

P

09/19/2005

Electronic Signature of Signing Officer or Director

Date