2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000006569

1. Entity Name
MARIKO, INC.

Principal Place of Business	Mailing Address
329 WORTH AVENUE PALM BEACH, FL 33480	329 WORTH AVENUE PALM BEACH, FL 33480

01052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0809851	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIYOKAWA, PETER
329 WORTH AVENUE
PALM BEACH, FL 33480

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	D
NAME	KIYOKAWA, MARIKO
STREET ADDRESS	329 WORTH AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	KIYOKAWA, PETER
STREET ADDRESS	329 WORTH AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480
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	

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: _____ 1/5/08 (561) 655 5770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #