

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

|                                       |                                                                                   |
|---------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F01000006208               |  |
| 1. Entity Name<br>ONLY THE BEST, INC. |                                                                                   |

|                                                                    |                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business<br>99-969 IWAENA ST.<br>AIEA, HI 96701 | Mailing Address<br>99-969 IWAENA ST.<br>AIEA, HI 96701 |
|--------------------------------------------------------------------|--------------------------------------------------------|



03212006 No Chg-P CR2E034 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>99-0267118 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>FISHER, MICHAEL W<br>ONE INDEPENDENT DR., STE 2600<br>JACKSONVILLE, FL 32202 |
|-------------------------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

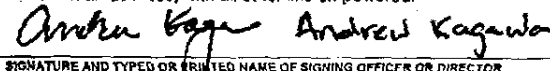
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000491605  
04/19/06-80031-004 150.00

| 10. OFFICERS AND DIRECTORS                     |                                                                        |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HOLLANDER, MARK R<br>5687 KALANIANA'OLE HWY<br>HONOLULU, HI 96821 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ROBERTSON, RONALD C<br>1674 OHAWAII PLACE<br>HONOLULU, HI         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LAU, LORRAINE<br>99-155 OHEKANI LP<br>AIEA, HI 96701              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GEIGER, JAMES<br>2067 LAUKAHI PL<br>HONOLULU, HI 96821            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AT<br>KAGAWA, ANDREW<br>81-KAWANANAKOA PL<br>HONOLULU, HI 96817        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>TANIGUCHI, TODD G<br>104 HANOHANO PL<br>HONOLULU, HI 96825        |

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IN THIS SPACE**

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:  Andrew Kagawa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

808 487-9919

Date

Daytime Phone #