

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90193 033 ***150.00

DOCUMENT # F04000004678

1. Entity Name

SILK GARDENS INTERNATIONAL COMPANY



Principal Place of Business

**5471 SW 113 PLACE
MIAMI FL 33178**

Mailing Address

**5471 SW 113 PLACE
MIAMI FL 33178**

2. Principal Place of Business

5471 NW 113 PLACE

3. Mailing Address

5471 NW 113 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL, FL

City & State

DORAL, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

95-4627351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INOUE, GEORGE
5471 NW 113 PLACE
DORAL FL 33172**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

04/20/2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **INOUE, GEORGE**
STREET ADDRESS **5471 SW 113 PLACE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **P** ☐ Delete
NAME **INOUE, ELENI**
STREET ADDRESS **5471 SW 113 PLACE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V P** ☒ Change ☐ Addition
NAME **INOUE, GEORGE**
STREET ADDRESS **5471 NW 113 PLACE**
CITY-ST-ZIP **DORAL, FL 33178**

TITLE **P** ☒ Change ☐ Addition
NAME **INOUE, ELENI**
STREET ADDRESS **5471 NW 113 PLACE**
CITY-ST-ZIP **DORAL, FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE INOUE

04/20/2006

Date

(305) 710-1190

Daytime Phone #