

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005950**

1. Entity Name  
**FLORAL RESOURCES/HAWAII, INC.**



Principal Place of Business  
**175 E. KAWAILANI STREET  
 HILO, HI 96720**

Mailing Address  
**175 E. KAWAILANI STREET  
 HILO, HI 96720**



07162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>99-0165509</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ARMAS, MICHAEL  
 2200 NW 102ND AVE, STE #1  
 MIAMI, FL 33172**

**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.

07/24/07-80004-005 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD INOUE, VERNON B 215 PAUKAA DRIVE HILO, HI 96720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INOUE, GORDON E 175 E. KAWAILANI STREET HILO, HI 96720
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**DO NOT WRITE  
 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: *Vernon B. Inouye* **VERNON B. INOUE, PRESIDENT** 7/16/07 808-959-5851  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #