FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90020 012 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L03827

44008089

1. Entity Name
SHINOHARA USA, INC.

Principal Place of Business	Mailing Address
7563 PHILIPS HWY SUITE 101 JACKSONVILLE, FL 32256 US	7563 PHILIPS HWY SUITE 101 JACKSONVILLE, FL 32256 US

01272004 Chg-P CR2E034 (12/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2958317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JARRETT, PHILIP
7563 PHILIPS HWY
SUITE 101
JACKSONVILLE, FL 32256

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 _____ DATE
Signature required if entity is reinstating registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHINOHARA, MIKIO 26-6 6 CHOME CHIYODA SHIZUOKA, JAPAN 420, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JARRETT, PHILIP 1849 DONALD ST JACKSONVILLE, FL 32205 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9916 Blakeford mill rd. ☐ Change ☐ Addition Jax FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VBT KUBOTA, SHINSUKE 3607 BROOKEMEADE DRIVE ROLLING MEADOWS, IL 60008 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1670 Vermont Elk Grove Village, IL 60007
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Philip C Jarrett 1/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL BY PERSON OR ORGANIZATION — Date — Daytime Phone #