
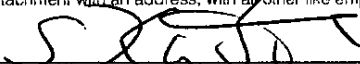


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90082 034 \*\*\*150.00

<b>DOCUMENT # L03827</b> 1. Entity Name <b>SHINOHARA USA, INC.</b>					
Principal Place of Business <b>7563 PHILIPS HWY SUITE 101 JACKSONVILLE, FL 32256 US</b>			Mailing Address <b>7563 PHILIPS HWY SUITE 101 JACKSONVILLE, FL 32256 US</b>		
2. Principal Place of Business <b>8182 Baymeadows Way West</b> Suite, Apt. #, etc.		3. Mailing Address <b>260 Stanley St.</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b> Zip <b>32256</b>		City & State <b>Elk Grove Village, IL</b> Zip <b>60007</b>		4. FEI Number <b>59-2958317</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JARRETT, PHILIP 7563 PHILIPS HWY SUITE 101 JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name <b>Jarrett, Philip</b> Street Address (P.O. Box Number is Not Acceptable) <b>8182 Baymeadows Way West</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32256</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHINOHARA, MIKIO 25-5 6 CHOME CHIYODA SHIZUOKA, JAPAN 420,		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JARRETT, PHILIP 9916 BLAKE FORD MILL RD. JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST KUBOTA, SHINSUKE 1670 VERMONT ELK GROVE VILLAGE, IL 60007		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			<b>2-1-05</b> <b>847-439-0975</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		