

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03827	
1. Entity Name SHINOHARA USA, INC.	

Principal Place of Business 8182 BAYMEADOWS WAY WEST JACKSONVILLE, FL 32256 US	Mailing Address 260 STANLEY STREET ELK GROVE VILLAGE, IL 60007 US
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2958317	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JARRETT, PHILIP
8182 BAYMEADOWS WAY WEST
JACKSONVILLE, FL 32256**

**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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**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

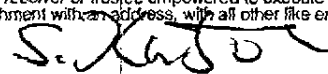
10. OFFICERS AND DIRECTORS

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	V JARRETT, PHILIP 9916 BLAKE FORD MILL RD. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VST KUBOTA, SHINSUKE 1670 VERMONT ELK GROVE VILLAGE, IL 60007
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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01/31/06-80008-006 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 847-439-0975
Date Daytime Phone #