

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90010 032 ***150.00

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**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

2-1-08 847-439-0975

Date

Daytime Phone #