


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90193 006 ***150.00

DOCUMENT # P04000094964

1. Entity Name
INOUE INVESTMENTS INC.



Principal Place of Business Mailing Address
5471 NW 113 PLACE **5471 NW 113 PLACE**
MIAMI FL 33178 **MIAMI FL 33178**

00010020



2. Principal Place of Business 3. Mailing Address
5471 NW 113 PLACE **5471 NW 113 PLACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
DORAL, FL **DORAL, FL**

Zip Country Zip Country
33178 **USA** **33178** **USA**

4. FEI Number Applied For
20-1333679 Not Applicable

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

6. Name and Address of Current Registered Agent
INOUE, GEORGE
5471 NW 113 PLACE
MIAMI FL 33178

7. Name and Address of New Registered Agent
 Name **INOUE, GEORGE**
 Street Address (P.O. Box Number is Not Acceptable)
5471 NW 113 PLACE
 City **DORAL** State **FL** Zip Code **33178**

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 *George INOUE* DATE 04/20/2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	INOUE, ELENI	
STREET ADDRESS	5471 NW 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VP	<input type="checkbox"/> Delete
NAME	INOUE, GEORGE	
STREET ADDRESS	5471 NW 113 PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INOUE, ELENI	
STREET ADDRESS	5471 NW 113 PLACE	
CITY-ST-ZIP	DORAL, FL 33178	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INOUE, GEORGE	
STREET ADDRESS	5471 NW 113 PLACE	
CITY-ST-ZIP	DORAL, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George INOUE* DATE 04/20/2006 DAYTIME PHONE # (305) 710-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #