


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90071 026 \*\*\*150.00

**DOCUMENT # P99000047581**

1. Entity Name  
**CLINIQUE INC. INTERNATIONAL**



Principal Place of Business      Mailing Address

**9200 S. DADELAND BLVD., 517**      **9200 S. DADELAND BLVD., 517**  
**MIAMI, FL 33156**      **MIAMI, FL 33156**

**50021075**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02072005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0922572**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KAPLAN, LINDA M**  
**9200 S. DADELAND BLVD, SUITE 517**  
**MIAMI, FL 33156**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2005 Fee will be \$550.00**      Trust Fund Contribution.            **Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MORIKAWA, TADAHIKO	
STREET ADDRESS	9200 S. DADELAND BLVD., SUITE 517	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	MORIKAWA, NAOTAKA	
STREET ADDRESS	9200 S. DADELAND BLVD. SUITE 517	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TADAHIKO, MARIKAWA	
STREET ADDRESS	9200 S. DADLAND BLVD., SUITE 517	
CITY-ST-ZIP	MIAMI, FL 33156	
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		<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		
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 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:** *Morikawa Tadahiko*      **2005 Feb 15**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #