


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90010 026 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P99000047581 1. Entity Name CLINIQUE INC. INTERNATIONAL | | | |  | |
| Principal Place of Business 9200 S. DADELAND BLVD., 517 MIAMI, FL 33156 | | | Mailing Address 9200 S. DADELAND BLVD., 517 MIAMI, FL 33156 | | |
| 2. Principal Place of Business - No P.O. Box # 9500 S. Dadeland Blvd. | | 3. Mailing Address 9500 S. Dadeland Blvd. | | | |
| Suite, Apt. #, etc. 703 | | Suite, Apt. #, etc. 703 | | | |
| City & State Miami, FL | | City & State Miami, FL | | | |
| Zip 33156 | | Zip 33156 | | Country USA | |
| 4. FEI Number 65-0922572 | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 LINDA M. KAPLAN 9500 S. DADELAND BLVD SUITE 703 MIAMI, FL 33156 | | | | | |
| 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 After May 1, 2008 Fee will be \$550.00 | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORIKAWA, TADAHICO <input checked="" type="checkbox"/> Delete 9200 S. DADELAND BLVD., SUITE 517 MIAMI, FL 33156 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVST MORIKAWA, NAOTAKA <input type="checkbox"/> Delete 9200 S. DADELAND BLVD. SUITE 517 MIAMI, FL 33156 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TADAHICO, MARIKAWA <input type="checkbox"/> Delete 9200 S. DADLAND BLVD., SUITE 517 MIAMI, FL 33156 | | | | |
| 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"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| 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: <u>Tadahiko Morikawa</u> Date: <u>4/11/08</u> Daytime Phone: <u>555-XXXX</u> | | | | | |