


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90020 039 \*\*\*150.00

**DOCUMENT # F94000005281**

1. Entity Name  
**AMEROP SUGAR CORPORATION**



Principal Place of Business      Mailing Address

**701 BRICKELL AVE  
 STE 2200  
 MIAMI FL 33131  
 US**

**701 BRICKELL AVE  
 STE 2200  
 MIAMI FL 33131  
 US**



2. Principal Place of Business      3. Mailing Address

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

1st MOORE      CR2E034 (10/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**22-2019920**      Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 reconstituting)

DATE \_\_\_\_\_

**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,D	<input type="checkbox"/> Delete
NAME	SONGEUR, THIERRY J CEO	
STREET ADDRESS	701 BRICKELL AVE SUITE 2200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARSANO, SERGE	
STREET ADDRESS	20/22, RUE DE LA VILLE L EVEQUE	
CITY-ST-ZIP	75008 PARIS 75008/FRANCE	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURVIS, THIERRY	
STREET ADDRESS	20122 RUE DE LA VILLE LEVEQUE	
CITY-ST-ZIP	75008 PARIS 75	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMAL, SAMI	
STREET ADDRESS	20122 RUE LA VILLE LEVEQUE	
CITY-ST-ZIP	75008 PARIS FR	
TITLE	VP,D	<input type="checkbox"/> Delete
NAME	SOTTILE, NICHOLAS CFO	
STREET ADDRESS	701 BRICKELL AVENUE SUITE 2200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEHAMA, FRANCOIS-DAVID	
STREET ADDRESS	701 BRICKELL AVENUE SUITE 2200	
CITY-ST-ZIP	MIAMI FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEAN-LUC BOHROT</b>	
STREET ADDRESS	<b>20122 RUE DE LA VILLE L EVEQUE</b>	
CITY-ST-ZIP	<b>75008 PARIS FRANCE</b>	
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: \_\_\_\_\_ **NICHOLAS SOTTILE**  
 \_\_\_\_\_ **VP & CFO**

2-606

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