

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004282

Entity Name: SONEKO USA INC

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

11615 CHITWOOD DR UNIT D
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

11615 CHITWOOD DR UNIT D
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 26-2009522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAHR, AMELIA
2163 ELMCREST OL
OVIEDO, FL 30765 US

Name and Address of New Registered Agent:

BAHR, AMELIA
2163 ELMCREST PLACE
OVIEDO, FL 30765 US

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.

SIGNATURE:

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BARISONEK, MICHAEL
Address: 3124 WATERSIDE DRIVE
City-St-Zip: ARLINGTON, TX 76012

Title: P () Delete
Name: BARISONEK, CHARLES
Address: 11620 NOVARRO WAY APT 2405
City-St-Zip: FORT MYERS, FL 33908

Title: V () Delete
Name: BAHR, AMELIA
Address: 2163 ELMCREST PLACE
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: BARISONEK, CHRISTINA
Address: 11620 NOVARRO WAY APT 2405
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BARISONEK, CHARLES
Address: 11620 NOVARRO WAY APT 2405
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BARISONEK, CHRISTINA
Address: 11620 NOVARRO WAY APT 2405
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA BARISONEK

S

02/18/2009

Electronic Signature of Signing Officer or Director

Date