2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90260 010 ***150.00

44025991

DOCUMENT # P02000072982

1. Entity Name
ROUGE SONNETTE INC.

Principal Place of Business	Mailing Address
420 SOUTH PARK ROAD #205 HOLLYWOOD, FL 33021	P.O. BOX 823064 PEMBROKE PINES, FL 33082

02142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5820 NE 27th Ave	5820 NE 27th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale, FL	City & State: Ft Lauderdale, FL
Zip: 33308 Country: BROWARD	Zip: 33308 Country: BROWARD

4. FEI Number: 72-1528793 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J ESQ
7270 NW 12TH ST, STE 580
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: EMIRI SATO
Street Address (P.O. Box Number is Not Acceptable): 5820 NE 27th Avenue
City: Ft. Lauderdale FL Zip Code: 33308

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EMIRI, SATO 420 SOUTH PARK ROAD, #205 HOLLYWOOD, FL 33021	☐ Delete	EMIRI SATO 5820 NE 27th Avenue Ft Lauderdale, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KUMIKO, TAKEMOTO 420 SOUTH PARK ROAD, #205 HOLLYWOOD, FL 33021	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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