

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90150 049 \*\*\*550.00

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1. Entity Name  
ROUGE SONNETTE INC.

Principal Place of Business  
6306 SW 32 ST  
MIRAMAR FL 33023

Mailing Address  
6306 SW 32 ST  
MIRAMAR FL 33023

2. Principal Place of Business  
420 SOUTH PARK RD

3. Mailing Address  
P.O. Box 823064

Suite, Apt. #, etc.  
205

Suite, Apt. #, etc.

City & State  
HOLLY WOOD

City & State  
Pembroke Pine

4. FEI Number  
72-1528793

Applied For  
Not Applicable

Zip  
33021

Country

Zip  
33082

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**  
**After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME EMIRI, SATO  
STREET ADDRESS 6306 SW 32 ST  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE P  Change  Addition  
NAME EMIRI SATO  
STREET ADDRESS 420 SOUTH PARK Rd, #205,  
CITY-ST-ZIP Hollywood, FL 33021

TITLE V  Delete  
NAME KUMIKO, TAKEMOTO  
STREET ADDRESS 6306 SW 32 ST  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE V  Change  Addition  
NAME KUMIKO TAKEOTO  
STREET ADDRESS 420 SOUTH PARK Rd, #205,  
CITY-ST-ZIP Hollywood, FL 33021

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: SIGNATURE REQUIRED 8/1/03 954.394.8853  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)