


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000096784	
1. Entity Name RHONOW SALES USA, INC.	

Principal Place of Business 12028 ROMA RD BOYNTON BCH, FL 33437	Mailing Address 12028 ROMA RD BOYNTON BCH, FL 33437
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 27-0068168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIEBER, OWEN E
12028 ROMA RD
BOYNTON BCH, FL 33437

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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 *OWEN E. LIEBER* DATE 7/1/2005
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIEBER, OWEN 12028 ROMA RD BOYNTON BCH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBER, RHONDA J 12028 ROMA RD BOYNTON BCH, FL 33437
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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: *OWEN E. LIEBER* DATE 7/1/2005 DAYTIME PHONE # 561-436-1786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR