

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 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



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
27-0068168  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/2006

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

000000385009  
01/17/06-80038-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	LIEBER, OWEN
STREET ADDRESS	12028 ROMA RD
CITY-ST-ZIP	BOYNTON BCH, FL 33437
TITLE	D
NAME	LIEBER, RHONDA J
STREET ADDRESS	12028 ROMA RD
CITY-ST-ZIP	BOYNTON BCH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Owen E. Lieber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/2006 561-436-1786