2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90091 002 ***150.00

DOCUMENT # F00000006511

1. Entity Name

COTIA (USA) LTD., INC.

Principal Place of Business	Mailing Address
ONE ROCKEFELLER PLAZA 1280 NEW YORK NY 10020	ONE ROCKEFELLER PLAZA 1280 NEW YORK NY 10020

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3887190 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____
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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DA SILVA PAES, EDSON 375 PARK AVENUE, SUITE 2504 NEW YORK NY 10152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Da Silva Paes, Edson One Rockefeller Plaza Suite 1280 New York, NY 10020	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DE LIMA MENGE, FERNANDO 375 PARK AVENUE, SUITE 2504 NEW YORK NY 10152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD De Lima Menge, Fernando One Rockefeller Plaza Suite 1280 New York, NY 10020	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANGABEIRA ALBERNAZ, EDUARDO 375 PARK AVENUE, SUITE 2504 NEW YORK NY 10152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Mangabeira Alberaz, Eduardo One Rockefeller Plaza Suite 1280 New York, NY 10020	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOSSON, MARLI TEREZINH S 375 PARK AVENUE, SUITE 2504 NEW YORK NY 10152	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUIS REIS, ROBSON 375 PARK AVENUE, SUITE 2504 NEW YORK NY 10152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Luis Reis, Robson One Rockefeller Plaza Suite 1280 New York, NY 10020	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Campana Carramenha, Renato One Rockefeller Plaza Suite 1280 New York, NY 10020	☐ 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: Edson Paes - President Jan 28, 04 (212) 6981190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #