


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000002271**

1. Entity Name  
 SIXTY USA RETAIL, INC.



Principal Place of Business  
 826 LINCOLN ROAD  
 MIAMI BEACH, FL 33139

Mailing Address  
 2 WALL STREET  
 C/O CARTER LEDYARD MILBURN LLP  
 NEW YORK, NY 10005

**DO NOT WRITE IN THIS SPACE**



08272004 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0129925	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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSI, RENATO 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILTZER, MARK 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIS, H. THOMAS JR 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT AMERI, MAX 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRISCHITTA, ROCCO 435 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSAN, VITTORIO 435 HUDSON STREET NEW YORK, NY 10014

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 09/03/04-80002-017 150.00

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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)(l), 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: H. Thomas Davis, Jr. 8/27/04 (212)732-3200

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