


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005256
 1. Entity Name
 LVMH WATCH & JEWELRY USA, INC.



Principal Place of Business
 966 S SPRINGFIELD AVE.
 SPRINGFIELD, NJ 07081

Mailing Address
 966 S SPRINGFIELD AVE.
 SPRINGFIELD, NJ 07081

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
 13-3040242

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LALONDE, DANIEL
STREET ADDRESS	966 S SPRINGFIELD AVE.
CITY - ST - ZIP	SPRINGFIELD, NJ 07081
TITLE	D
NAME	BABIN, JC
STREET ADDRESS	966 S SPRINGFIELD AVE.
CITY - ST - ZIP	SPRINGFIELD, NJ 07081
TITLE	D
NAME	INGRAM, BRUCE G
STREET ADDRESS	19 EAST 57TH ST.
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	CFO
NAME	ARTAUD, CHRISTOPHE
STREET ADDRESS	966 S SPRINGFIELD AVE
CITY - ST - ZIP	SPRINGFIELD, NJ 07081
TITLE	VP
NAME	FOLKMAN, MICHAEL
STREET ADDRESS	19 EAST 57TH ST.
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	S
NAME	FIRESTONE, LOUISE
STREET ADDRESS	19 EAST 57TH ST.
CITY - ST - ZIP	NEW YORK, NY 10022

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 77-28205-80027-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Louise Firestone Secretary (212) 931-2707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #