## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # F04000007068 FILED Jul 17, 2008 08:00 AM Secretary of State SANDERLUX USA, INC. Principal Place of Business Mailing Address 1375 BROADWAY C/O RAICH ENDE MALTZ CO. LLP NEW YORK, NY 10018-7010 1375 BROADWAY NEW YORK, NY 10018-7010 No Chg-P 07132008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1993831 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. 1Q, OFFICERS AND DIRECTORS PCTD TITLE NAME INNOCENZI, GIANCARLO STREET ADDRESS C/O RAICH ENDZ MALTER 1375 BROADWAY U00000955424 CITY-ST-7IP NEW YORK, NY 100187010 TITLE NAME LAVIN, GREGORY STREET ADDRESS C/O RAICH ENDZ MALSER 1375 BROADWAY CITY-ST-ZIP NEW YORK, NY 100187010 TITLE ANIASI, LUCA NAME STREET ADDRESS C/O RAICH ENDZ MELSER 1375 BROADWAY DO NOT WRITE CITY-ST-ZIP NEW YORK, NY 10018 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

UBB AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR