

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000183

FILED
Jan 29, 2009
Secretary of State

Entity Name: SISLEY AMERICAS SERVICES INC.

Current Principal Place of Business:

1111 BRICKELL AVENUE
SUITE 1145
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

C/O MR. OLIVER SUREAU, JADE ASSOCIATES
100 NORTH BISCAYNE BOULEVARD, STE 500
MIAMI, FL 33132

New Mailing Address:

C/O JADE ASSOCIATES
100 NORTH BISCAYNE BOULEVARD, STE 500
MIAMI, FL 33132

FEI Number: 20-8167992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JADE ASSOCIATES MIAMI INC
100 N BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: D'ORNANO, PHILIPPE
Address: 200 PARK AVENUE SOUTH, SUITE 910
City-St-Zip: NEW YORK, NY 10003

Title: S () Delete
Name: OPPENHEIM, ROBERT P
Address: 200 PARK AVENUE SOUTH, SUITE 910
City-St-Zip: NEW YORK, NY 10003

Title: P () Delete
Name: NAINTRE, ARNAUD
Address: 100 NORTH BISCAYNE BOULEVARD, STE 500
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNAUD NAINTRE

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date