


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90107 047 ***150.00

DOCUMENT # P00000039409
 1. Entity Name
 LASSERGUT FARMS USA, INC.



Principal Place of Business 600 MADISON AVENUE 12TH FLOOR NEW YORK, NY 10022	Mailing Address 600 MADISON AVENUE 12TH FLOOR NEW YORK, NY 10022
---	---

50010904

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3730081	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

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, 2006 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	SOLDATI, FABIO
STREET ADDRESS	LUGANO
CITY-ST-ZIP	SWITZERLAND,

TITLE	VPS
NAME	GAZZOLA, MARIO
STREET ADDRESS	600 MADISON AVENUE, 12TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: MARIO GAZZOLA Date: 4/6/06 Daytime Phone #: 212-508-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR