

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

JAN - 7 2004



01052004 No Chg-P CR2E034 (10/03)

DOCUMENT # P05909
1. Entity Name
SDV (USA) INC.



Principal Place of Business 2070 NW 79 AVE MIAMI, FL 33122 US	Mailing Address 150-10 132 STREET JAMAICA, NY 11434 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2635593	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

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MATTHYS, CLAUDE
STREET ADDRESS	31-32, QUAI DE DION BOUTON
CITY-ST-ZIP	98211 PUTEAUX CEDEX FRANCE,
TITLE	AS
NAME	WE MEI, CHOU
STREET ADDRESS	150 10 132 AVE
CITY-ST-ZIP	JAMAICA, NY 11434
TITLE	TO
NAME	GAILHARD, JEAN CLAUDE
STREET ADDRESS	150 10 132 AVE
CITY-ST-ZIP	JAMAICA, NY 11434
TITLE	P
NAME	NAUDIN, PHILIPPE
STREET ADDRESS	150-10 132 STREET
CITY-ST-ZIP	JAMAICA, NY 11434
TITLE	V
NAME	STEINBOCK, ERIC
STREET ADDRESS	436 ROZZI PLACE
CITY-ST-ZIP	SOUTH SAN FRANCISCO, CA 94080
TITLE	O
NAME	MALET, PIERRE
STREET ADDRESS	150-10 132 AVENUE
CITY-ST-ZIP	JAMAICA, NY 11434

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01/16/04-80033-010 150.00

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: _____ **01-05-2004** **718 481 4912**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #