

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005899

FILED
Apr 27, 2006
Secretary of State

Entity Name: ROSET USA CORPORATION

Current Principal Place of Business:

665 BROADWAY, SUITE 800
NEW YORK, NY 10012

New Principal Place of Business:

Current Mailing Address:

665 BROADWAY, SUITE 800
NEW YORK, NY 10012

New Mailing Address:

FEI Number: 51-0268177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PCD () Delete
Name: ROSET, MICHEL
Address: 665 BROADWAY, SUITE 800
City-St-Zip: NEW YORK, NY 10012

Title: VSTD () Delete
Name: ROSET, PIERRE
Address: 665 BROADWAY, SUITE 800
City-St-Zip: NEW YORK, NY 10012

Title: D () Delete
Name: COURVOISIER, PHILIPPE
Address: 665 BROADWAY, SUITE 800
City-St-Zip: NEW YORK, NY 10012

Title: D () Delete
Name: DROZ, JEAN-LOUIS
Address: 665 BROADWAY, SUITE 800
City-St-Zip: NEW YORK, NY 10012

Title: EVP () Delete
Name: LAURENT, HERVE
Address: 665 BROADWAY SUITE 800
City-St-Zip: NEW YORK, NY 10012

Title: DOF () Delete
Name: PONTORIERO, PASQUALE
Address: 665 BROADWAY, STE. 800
City-St-Zip: NEW YORK, NY 10012

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:

Title: () Change () Addition
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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 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: PASQUALE PONTORIERO

DOF

04/27/2006

Electronic Signature of Signing Officer or Director

Date