


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 850994 1. Entity Name LOUIS VUITTON NORTH AMERICA, INC. |  |
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| Principal Place of Business 19 EAST 57TH STREET NEW YORK, NY 10022 | Mailing Address 19 EAST 57TH STREET NEW YORK, NY 10022 |
|--|--|

DO NOT WRITE IN THIS SPACE

04172008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 13-3090162 | 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 HAYES STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

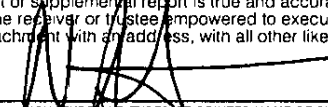
10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC CARCELLE, YVES 2 RUE DU PONT NEUF PARIS, FR 75034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO DANIEL, LALONDE 19 E 57TH STREET NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PFISTNER, PATRICE 625 MADISON AVE 3RD FL NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SLAVINSKY, JOHN 19 EAST 57TH STREET NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KOLANDA, KATHRYN 19 EAST 57TH STREET NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/20/08-80011-022 150.00

**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:  **Nicholas Atocha** 4/17/08 212-931-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Tax Director** Date Daytime Phone #