## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May $0\overline{3}$ , $\overline{2004}$ 8:00 am DOCUMENT # F01000002530 **Secretary of State** 1. Entity Name 05-03-2004 90747 014 \*\*\*150.00 JEAN PAUL GAULTIER USA, INC. Principal Place of Susiness Mailing Address 759 MADISON AVE C/O GEORGE R FUNARD & CO, PC ONE PENN PLAZA, SUITE 3515 NEW YORK NY 10119 NEW YORK NY 10022 2. Principal Place of Business 3. Mailing Address GO DELANNEY Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 105 Hawk City & State City & State 4. FEI Number Applied For 13-4161139 PENNSYLVA NIA MILFORD Not Applicable Country -Zipr ---\$8.75 Additional 5. Certificate of Status Desired FA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD., SUITE 15 MIAMI FL 33156 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition POTARD, JEAN PAUL NAME STREET ADDRESS C/O DELANNEY, 105 HAWK CT STREET ADDRESS MILFORD PA 18337 CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Addition DELANNEY, BETRAND J NAME NAME STREET ADDRESS 705 HAWK CT. STREET ADDRESS Mill-CORD CCC TITO F Delete TITLE ☐ Change ☐ Addition NAME CAILLAUD, CHIRSTOPE NAME STREET ADDRESS 105 HAWK CT. STREET ADDRESS CITY-ST-ZIP MILFORD PA 18337 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MAIZOU, OLIVIER NAME NAME C/O DELANNEY, 105 HAWK CT STREET ADDRESS STREET ADDRESS MILFORD PA 18337 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED