

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90018 030 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000000974

1. Entity Name
LES COPAINS USA, INC.



Principal Place of Business
**46 WEST 55TH STREET
NEW YORK, NY 10019**

Mailing Address
**46 WEST 55TH STREET
NEW YORK, NY 10019**

14018821



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3748833

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BANDIERA, FRANCA
STREET ADDRESS	46 WEST 55TH STREET
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	S
NAME	PAVIA, GEORGE M
STREET ADDRESS	600 MADISON AVE 12TH FL
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	VP
NAME	FABIO FORNI
STREET ADDRESS	46 WEST-55TH STREET
CITY - ST - ZIP	NEW YORK, NY 10019
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FABIO FORNI 07/08/05 (212) 262-8556