


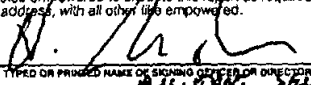
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90220 010 \*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
50054891

<b>DOCUMENT # F03000002271</b>			
1. Entity Name <b>SIXTY USA RETAIL, INC.</b>			
Principal Place of Business <b>826 LINCOLN ROAD MIAMI BEACH, FL 33139</b>		Mailing Address <b>2 WALL STREET C/O CARTER Ledyard MILBURN LLP NEW YORK, NY 10005</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when remaining)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ROSSI, RENATO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY 10014	CITY-ST-ZIP	
TITLE	ST WILTZER, MARK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY 10014	CITY-ST-ZIP	
TITLE	AS DAVIS, H. THOMAS JR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY 10014	CITY-ST-ZIP	
TITLE	AT AMERI, MAX <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY 10014	CITY-ST-ZIP	
TITLE	D TRISCHITTA, ROCCO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY 10014	CITY-ST-ZIP	
TITLE	D HASSAN, VITTORIO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY 10014	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 use empowered.			
SIGNATURE: 		30 JUNE 2005 212 238-5830	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>H. THOMAS DAVIS JR.</b>		Date Daytime Phone #	

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