

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90161 006 ***158.75

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02222005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000004598 1. Entity Name AUDEMARS PIGUET (NORTH AMERICA) INC.					
Principal Place of Business 40 EAST 57TH STREET NEW YORK, NY 10022			Mailing Address 40 EAST 57TH STREET NEW YORK, NY 10022		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-4062721	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VINCENT, GILLES 2905 EAGLE ESTATES CIR S CLEARWATER, FL 33761				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNAHMIA, FRANCOIS-HENRY		NAME		
STREET ADDRESS	40 EAST 57TH STREET		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY 10022		CITY - ST - ZIP		
TITLE	VC <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYLANMIAS, GEORGE-HENRI		NAME	Heylan, George-Henri	
STREET ADDRESS	40 EAST 57TH STREET		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY 10022		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURIHEAD, WILLIAM		NAME	Muirhead, William	
STREET ADDRESS	40 EAST 57TH STREET		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY 10022		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAURE, MICHEL		NAME		
STREET ADDRESS	40 EAST 57TH STREET		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY 10022		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - 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 thereof 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:			Francois-Henry Bennahmias		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 212-758-8400		