2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007013

Entity Name: MOET HENNESSY USA, INC.

FILED Aug 30, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
TWO PARK AVENUE NEW YORK, NY 10016				85 TENTH AVENUE NEW YORK, NY 10011			
Current Mailing Address:				New Mailing Address:			
TWO PARK AVENUE 17TH FL. NEW YORK, NY 10016				85 TENTH AVENUE NEW YORK, NY 10011			
FEI Number:	13-5371790	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificat	e of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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.							
SIGNATURE: Electronic Signature of Registered Agent Date							
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	P () I ESPOSITO, JOH TWO PARK AVE NEW YORK, NY	NUE - 17TH FL.		Title: Name: Address: City-St-Zip:	P (X) CORNELL, MAR 216 E. 18TH ST NEW YORK, N	APT. #2	
Title: Name: Address: City-St-Zip:	D () I INGRAM, BRUCE 19 EAST 57TH S NEW YORK, NY	TREET - 5TH FL.		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	S ()[KELLY, MICHAE TWO PARK AVE NEW YORK, NY	NUE - 5TH FL.		Title: Name: Address: City-St-Zip:	V/S (X) KELLY, MICHAI 4 PARK AVENU CROTON ON HI	E	
Title: Name: Address: City-St-Zip:	D () [DOMENJOZ, PIE TWO PARK AVE NEW YORK, NY	NUE - 17TH FL.		Title: Name: Address: City-St-Zip:	V/T (X) DOWELL, CAR 185 E. 85TH ST NEW YORK, N) Addition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	V () ROBINSON, EU 2690 RIVERA O WESTON, FL 3	OURT	K) Addition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	D () HENNESSY, GI 7 BIS RUE LALI PARIS, FRANCI	0	,

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. KELLY V/S 08/30/2006