

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F05000007224**

**1. Entity Name  
KONCI G&D MANAGEMENT GROUP (USA) INC.**



**Principal Place of Business**

**100 LAFAYETTE STREET, SUITE 800  
NEW YORK, NY 10013**

**Mailing Address**

**100 LAFAYETTE STREET, SUITE 800  
NEW YORK, NY 10013**



**02072006 No Chg-P CR2E034 (11/05)**

**4. FEI Number  
13-4166820**

**Applied For  
Not Applied**

**5. Certificate of Status Desired**

**☒ \$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 32301-1283**

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

**1100000433905  
02/24/06-80037-010 158.75**

**10. OFFICERS AND DIRECTORS**

|                       |                                        |
|-----------------------|----------------------------------------|
| <b>TITLE</b>          | <b>P</b>                               |
| <b>NAME</b>           | <b>CHU, DOMINIC</b>                    |
| <b>STREET ADDRESS</b> | <b>100 LAFAYETTE STREET, SUITE 800</b> |
| <b>CITY-ST-ZIP</b>    | <b>NEW YORK, NY 10013</b>              |
| <b>TITLE</b>          |                                        |
| <b>NAME</b>           |                                        |
| <b>STREET ADDRESS</b> |                                        |
| <b>CITY-ST-ZIP</b>    |                                        |
| <b>TITLE</b>          |                                        |
| <b>NAME</b>           |                                        |
| <b>STREET ADDRESS</b> |                                        |
| <b>CITY-ST-ZIP</b>    |                                        |
| <b>TITLE</b>          |                                        |
| <b>NAME</b>           |                                        |
| <b>STREET ADDRESS</b> |                                        |
| <b>CITY-ST-ZIP</b>    |                                        |
| <b>TITLE</b>          |                                        |
| <b>NAME</b>           |                                        |
| <b>STREET ADDRESS</b> |                                        |
| <b>CITY-ST-ZIP</b>    |                                        |

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: Dominic Chu**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/06 (646) 613-939**

Date

Daytime Phone #