2007 FOR PROFIT CORPORATION ANNUAL REPORT

	ANIOAL	- CII PA							
DOCU	MENT # F98000004	1711			riled	・ルクノ			
1. Entity Nan GUERLA					FILED 07 APR -2 AMII: 50	1-90			
Principal Plac	ce of Business	Mailing Address			SECULTALL OF STATE TALLAHASSEE FLORID 40009547965				
LEGAL DEPT		LEGAL DEPT.			40009547965	A.,			
19 EAST 57TH STREET,5TH FL 19 EAST 57TH STREET,5					4000001100				
NEW YORK, NY 10022 NEW YORK, NY 10022			2		1 (88)(88) (1/8 (878) (81)) 83() 83() 83() 83() 83() 83() 87()	TEN HUDOL HERUUL IN HEAR			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			03282007 Chg-P CR2E034	(12/06)			
City & Stat	le	City & State			4. FEI Number 13-0809160	Applied For Not Applicable			
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	.75 Additional Required			
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Age				
000000	ATION OFFICE COMPANY			Name					
	ATION SERVICE COMPANY S STREET			Street Address (P.O. Box Number is Not Acceptable)					
1	SSEE, FL 32301	-							
				City	FL	Zip Code			
8. The above	named entity submits this statement for	or the purpose of changing its	registere	d office or registe	red agent, or both, in the State of Florida. I am fami	liar with, and accept			
the obligat	tions of registered agent.					·			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO)	E Registere	d Agent signature require	d when reinstating) DATE				
					- DAIL				
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11			
TITLE	DC	☐ Delete	THLE	2	0.2/-	Change 🔀 Addition			
NAME STREET ADDRESS	SEMERARI, RENATO 125 RUE DE PRESIDENT WILS	ON	NAME	Joan Joan	nna Grillo 5.5744 Street				
CITY-ST-ZIP	92300 LEVALLOIS,FRANCE,	JN							
TITLE	D	☐ Delete	TITLE	, a	York, NY 10022	Change Addition			
NAME	INGRAM, BRUCE G	Delete	NAME	Sca	tt Johnson Eo 57th Street	Change SZI Addition			
STREET ADDRESS	19 E.57TH STREET		STREE	ET ADDRESS 19	EO 57+1 Street				
CITY-ST-ZIP	NEW YORK, NY 10022	771	CITY-	SI-ZIP Ne	N Kark NY 10022				
TITLE	DPC	☐ Delete	TITLE	VP	la Maiocco,	Change 🔀 Addition			
NAME STREET ADDRESS	BAXTER, PAMELA 19 E 57TH STREET		NAME	ET ADDRESS 19	E. 57th Stree T				
CITY-ST-ZIP	NEW YORK, NY 10022				Nork, dr 10022				
TITLE	S	☐ Delete	TITLE			Change Addition			
NAME	FIRESTONE, LOUISE		NAME	Tou	ues Maki				
STREET ADDRESS	19 EAST 57TH STREET		STREE	T ADDRESS 19	E. 57+h Street				
CITY-ST-ZIP	NEW YORK, NY 10022	···	CITY-	ST-ZIP	E. 57+h Street w York NY 10022				
TITLE	V FILESON IFAN MARG	☐ Delete	TITLE			Change 🔲 Addition			
NAME STREET ADDRESS	PLISSON, JEAN-MARC 19 EAST 57TH STREET		MAM!	T ADORESS					
CITY-ST-ZIP	NEW YORK, NY 10022			ST-ZIP					
TITLE		☐ Delete	TITLE			Change			
NAME			NAME		J				
STREET ADDRESS				TADORESS		1			
CITY-ST-ZIP				ST-ZIP					
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that n	or the exe ny signat	mptions containe ure shall have the	d in Chapter 119, Florida Statutes. I further certify the same legal effect as if made under oath; that I am a	nat 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: SIGNATURED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/28/07 212-93/-2709 Daylore Phone 4									
SIGNATURAD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Obstime Phone #									



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	ACCOUNT NO.	:	0721000000	32			
	REFERENCE	:	826178	4370126			
	AUTHORIZATION	:	Lord B	ena	,		
	COST LIMIT	:	\$ 0.00	non			
ORDER DATE :	March 28, 2007						
ORDER TIME :	10:09 AM						
ORDER NO. :	826178-005						
CUSTOMER NO:	4370126						
	<i>-</i> -	. 			- <u> </u>	67	. <u></u>
		P 72	1 - L				
NAME :	- FIGURIDA	-2 MID: 47					
XX ANNUAL F	REPORT						
PLEASE RETURN	THE FOLLOWING AS	3 PF	ROOF OF FILE	ING:			
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	ľANI	DING				
	J. DOPEEN WALLAC	٦F.	- FYT 2928				

EXAMINER'S INITIALS: