

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # F98000007147

1. Entity Name
NINA NUMBER ONE (USA) LIMITED INC.



Principal Place of Business
**C/O B.K. HAIMES, THELEN REID
875 THIRD AVENUE 14TH FLOOR
NEW YORK, NY 10022**

Mailing Address
**C/O B.K. HAIMES, THELEN REID
875 THIRD AVENUE 14TH FLOOR
NEW YORK, NY 10022**



07302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **94-3089850** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
HAIMES, BURTON K
C/O THELEN REID, 875 THIRD AVENUE
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WEISS, GORDON J
1 BLUE HILL PLAZA, 5TH FLOOR
PEARL RIVER, NY 10965**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

**U00000169745
08/09/04-80009-010 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 like empowered.

SIGNATURE:

Burton K. Haimes

Burton K. Haimes

8-2-04

(212) 603-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #