


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000072465 1. Entity Name MARIE-LAURE USA, INC.	
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Principal Place of Business 9559 COLLINS AVE #403 S. TOWER MIAMI BEACH, FL 33154	Mailing Address 9559 COLLINS AVE #403 S. TOWER MIAMI BEACH, FL 33154
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DO NOT WRITE IN THIS SPACE



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0098062	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DINER, MANUEL 7735 NW 146 ST. 3300 HIALEAH, FL 33016	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	U00000072465110 07/16/07 00014 013 150.75 DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LECOENT, DANIEL 9559 COLLINS AVE #403 S. TOWER MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE COENT, MARIE-LAURE 9559 COLLINS AVE #403 S. TOWER MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINCENT DE BUY, MELANIE 9559 COLLINS AVE #403 S. TOWER MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Melanie Vincent de Buy, Sec.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Jul 12/07</i> <small>Date</small>	<i>305-632-0875</i> <small>Daytime Phone #</small>
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