

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121954

Entity Name: LACOSTE USA, INC.

FILED  
Feb 14, 2005  
Secretary of State

## Current Principal Place of Business:

C/O JADE ASSOCIATES  
100 NORTH BISCAYNE BLVD, SUITE 500  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

C/O JADE ASSOCIATES  
100 NORTH BISCAYNE BLVD, SUITE 500  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 20-1554160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOPER, GLENN M  
1560 SAWGRASS CORPORATE PARKWAY  
4TH FLOOR  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PIN, JEROME R  
Address: AV RIO BRANCO, 20 ANDAR 8  
City-St-Zip: RIO DE JANEIRO, RJ 20090-000 BR

Title: T ( ) Delete  
Name: SUREAU, OLIVIER  
Address: 100 NORTH BISCAYNE BLVD, SUITE 500  
City-St-Zip: MIAMI, FL 33132

Title: S ( ) Delete  
Name: COOPER, GLENN M  
Address: 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR  
City-St-Zip: SUNRISE, FL 33323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PIN, JEROME R  
Address: 406 NAVARRE AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: JEROME PIN

PD

02/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date