

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103756

FILED
Jan 07, 2008
Secretary of State

Entity Name: COTE DE FRANCE USA INC.

Current Principal Place of Business:

420 LINCOLN RD
235
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

420 LINCOLN RD
235
MIAMI, FL 33139

New Mailing Address:

FEI Number: 01-0850339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELMALEH, VANESSA
90 ALTON RD
808
MIAMI, FL 33139 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: P () Delete
Name: COHEN, PASCAL
Address: 91 AVENUE TERNES
City-St-Zip: PARIS, FR 75017 FR

Title: VP () Delete
Name: DEBIEN, DOMINIQUE
Address: 17 RUE DU CONN RUSERD
City-St-Zip: SAMOIS SUR SEINE, FRANCE, 77920 FL

Title: T () Delete
Name: GIOVANNI, HENRI
Address: 15 BLVD ST-GERMAIN
City-St-Zip: PARIS, FR 75005 FR

Title: S () Delete
Name: DE AGOSTINI, PIERRE
Address: 420 LINCOLN ROAD, SUITE 235
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: COHEN

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date