

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136803

Entity Name: ASTORIA RETAIL USA, INC

FILED  
Jan 10, 2007  
Secretary of State

**Current Principal Place of Business:**

837 LINCOLN ROAD  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

837 LINCOLN ROAD  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOYAL, PATRICK R  
10796 PINES BLVD  
SUITE # 204  
PEMBROKE PINES, FL 33026 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: ALTIT, ALAIN  
Address: 299 COCOPLUM ROAD  
City-St-Zip: CORAL GABLES, FL 33143

Title: VP ( ) Delete  
Name: AMUIAL, DANIEL  
Address: 20870 NE 32 AVENUE  
City-St-Zip: AVENTURA, FL 33180

Title: TD ( ) Delete  
Name: AMAR, MICHAEL  
Address: 19425 39 TH AVENUE  
City-St-Zip: GOLDEN BEACH, FL 33160

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAIN ALTIT

P

01/10/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date