

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09635

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: DISTILLERIE STOCK U.S.A., LTD., INC.

**Current Principal Place of Business:**

58-58 LAUREL HILL BOULEVARD  
WOODSIDE, NY 11377

**New Principal Place of Business:**

**Current Mailing Address:**

58-58 LAUREL HILL BOULEVARD  
WOODSIDE, NY 11377

**New Mailing Address:**

FEI Number: 11-1547384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MOREL, DAVID,  
Address: 400 EAST 77TH STREET  
City-St-Zip: NEW YORK, NY

Title: VSD ( ) Delete  
Name: HEGMANN, ROBERT,  
Address: 39-39 233RD STREET  
City-St-Zip: DOUGLASTON, NY

Title: V ( ) Delete  
Name: CONTE, TOM  
Address: 109 STEARNS AVE  
City-St-Zip: MANSFIELD, MA

**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 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: ROBERT HEGMANN

EVP

07/06/2007

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

\_\_\_\_\_  
Date