


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21192</b> 1. Entity Name ETIENNE AIGNER, INC.	
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Principal Place of Business 47 BRUNSWICK AVENUE EDISON, NJ 08818 US	Mailing Address 47 BRUNSWICK AVENUE EDISON, NJ 08818 US
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**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3473483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KARDYS, PETER J 47 BRUNSWICK AVE EDISON, NY 08818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWLING, SEAN 1 ST ANDREW'S COURT OXFORDSHIRE, ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV CANGEMI, MICHAEL P 47 BRUNSWICK AVE. EDISON, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGROS, CHARLES 101 PARK AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHONKAR, SUDESH 47 BRUNSWICK AVENUE EDISON, NJ 08818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000080255  
03/08/04-80101-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Peter J Kardys* **ASST. SECRETARY** 2-27-04 732.248.9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #