

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90036 039 ***150.00

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1. Entity Name
MAISONS MARQUES & DOMAINES USA INC.



Principal Place of Business

**383 FOURTH STREET
SUITE 400
OAKLAND, CA 94607**

Mailing Address

**383 FOURTH STREET
SUITE 400
OAKLAND, CA 94607**

40031262



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3038588

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ROUZAUD, JEAN-CLAUDE
STREET ADDRESS	21 BLVD. LUNDY
CITY-ST-ZIP	REIMS, FRANCE,
TITLE	S
NAME	BELL, HOWARD H.
STREET ADDRESS	38 LAQUESTA
CITY-ST-ZIP	ORINDA, CA
TITLE	P
NAME	BALOGH, GREGORY
STREET ADDRESS	823 TURRINI DRIVE
CITY-ST-ZIP	DANVILLE, CA 94526
TITLE	VCFO
NAME	FOUILLERON, GUILLAUME
STREET ADDRESS	6114 LAWTON AVE
CITY-ST-ZIP	OAKLAND, CA 94618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/06