## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

ANNUAL REPORT					Jan 25, 2007 06:00			
1. Entity Nam	MENT # P9500003937	12				Secretary	y of Sta	
600 MADISO	ON AVE., 12TH FL. NY 10022 US	Mailing Address %PAVIA & HARCOURT 600 MADISON AVE.,12TH FL. NEW YORK, NY 10022			S 18151 8811 38111 8811 881	## 1875 <b>0</b> 1476 1010 1110 410	I 118881 13 1888	
DO NOT WRITE IN THIS SPA				01162007	No Chg-P	CR2E034 (11/0		
				65-061		\$8.75 / Fee Requ		
	6. Name and Address of Current Regi	stered Agent	-					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				IN T	NOT W THIS SP	PACE		
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, 2007 Fee will be \$550.00		Election Campaign Finar     Trust Fund Contribution.		\$5.00 May Be Added to Fees	0000( 01/26/0	00602334 7-80086-001	150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P SOLDATI, FABIO VIA PRETORIO 7, CASELLA POSTA LUGANO, SWITZERLAND, CH-69	LE 6347	-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SVP GAZZOLA, MARIO 600 MADISON AVE 12TH FLOOR NEW YORK, NY 10022	·						
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE					
IITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP							<u>.</u>	

12. I nereby 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 employered 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:** 

NAME STREET ADDRESS CHTY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**)** 

212-568-2330

Daytme Phone #