2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P97000046150

Entity Name: RETAIL HOLDINGS HUNGARY, INC.

Current Principal Place of Business:

1 CASUARINA CONCOURSE
CORAL GABLES, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

1 CASUARINA CONCOURSE
CORAL GABLES, FL 33143 US

New Mailing Address:

FEI Number: 65-0766904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUSTIN, MICHELLE M ESQ
2333 PONCE DE LEON BLVD #600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AUSTIN, MICHELLE M ESQ
2333 PONCE DE LEON BLVD #550
CORAL GABLES, FL 33134 US

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: MICHELLE AUSTIN 04/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VCOC ( ) Delete
Name: POTAMKIN, ROBERT M
Address: 130 SPRUCE ST, SUITE 30B
City-St-Zip: PHILADELPHIA, PA 19106

Title: SCOC ( ) Delete
Name: POTAMKIN, ALAN H
Address: 1 CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: P ( ) Delete
Name: LEPLEY, RICK A
Address: 1 CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: O ( ) Delete
Name: FARR, VERONICA
Address: 1 CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

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:

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 Section 119.07(3)(i), 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: VERONICA FARR O 04/18/2005
Electronic Signature of Signing Officer or Director Date