


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000103790</b> 1. Entity Name B.H. SALES, INC.	
----------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK, NY 10022	Mailing Address C/O PAVIA & HARCOURT 600 MADISON AVENUE NEW YORK, NY 10022
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------



03192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3979614	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  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
--------------------------------------------------------------------------------------------------------------------------------------

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	SVP CONSIGLIO, CLAUDIA 803 MADISON AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE SIMONE, ROBERTA 803 MADISON AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAVIA, GEORGE M. 600 MADISON AVE. - 12TH FL. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP NONNIS, IVANA 803 MADISON AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASI, STEFANO 803 MADISON AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000872154  
04/10/08-80027-011 150.00

**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: George M. Pavia, Secretary 3/24/08 212-908-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #