

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90293 001 ***150.00
06-05-2006 90293 002 *****8.75

DOCUMENT # S61408

1. Entity Name **REPARA
GABELLI U.S. FOR**



Principal Place of Business

7800 W OAKLAND PARK
BLDG G
SUNRISE, FL 33351 US

Mailing Address

7800 W OAKLAND PARK
BLDG G
SUNRISE, FL 33351 US

66017936



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0269041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIG, DAVID S
2837 SW 3RD AVENUE
MIAMI, FL 33129

**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, 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	V
NAME	GABELLI, ALAIN
STREET ADDRESS	141 RUE DE PICPUS
CITY-ST-ZIP	PARIS, FRANCE.
TITLE	P
NAME	D'ARMAGNAC, MARLENE
STREET ADDRESS	8858 HAWTHORNE AVE.
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **4-31-06** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR