


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # V19549 1. Entity Name CINQUE SOCI LIMITED INC.	
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Principal Place of Business 120 VIADUCT ROAD C/O ANTONIA GERARD, BOLLIGER, INC. STAMFORD, CT 06907 US	Mailing Address 120 VIADUCT ROAD C/O ANTONIA GERARD, BOLLIGER, INC. STAMFORD, CT 06901 US
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0317015	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYS ST. TALLAHASSEE, FL 32301

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GERARD, STEPHEN 35 VANRENSSELAER AVENUE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GERARD, ANTONIA 35 VANRENSSELAER AVENUE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLEARY, WARD F 666 SUMMER ST STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000607357 01/31/07-80035-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Stephen Gerard, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-22-07</u> <small>Date</small>	Daytime Phone # <u>203-324-5999</u> <small>Daytime Phone #</small>
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