


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90036 039 \*\*\*150.00

**DOCUMENT # P30427**  
 1. Entity Name  
**MAISONS MARQUES & DOMAINES USA INC.**



Principal Place of Business 383 FOURTH STREET SUITE 400 OAKLAND, CA 94607	Mailing Address 383 FOURTH STREET SUITE 400 OAKLAND, CA 94607
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**40031262**



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>94-3038588</b>	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**  
 CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	CD ROUZAUD, JEAN-CLAUDE 21 BLVD. LUNDY REIMS, FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, HOWARD H. 38 LAQUESTA ORINDA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALOGH, GREGORY 823 TURRINI DRIVE DANVILLE, CA 94526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FOUILLERON, GUILLAUME 6114 LAWTON AVE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *[Signature]* **3/7/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #