


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

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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03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3038588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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 LAUESTA 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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Guillaume FOUILLERON **GUILLAUME FOUILLERON** 4/22/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #