

2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F00000003404



1. Entity Name
 BURBERRY LIMITED CO.

Principal Place of Business
 1350 AVENUE OF THE AMERICAS
 NEW YORK, NY 10019 US

Mailing Address
 1350 AVENUE OF THE AMERICAS
 NEW YORK, NY 10019 US



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2673527	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T 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 _____
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

U00000844764
 03/13/08-80012-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULASEWICZ, EUGENIA 1350 AVE OF THE AMERICAS NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYGODA, JOSEPH 1350 AVE OF THE AMERICAS NEW YORK, NY
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08
 Date Daytime Phone #