


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State


05-04-2005 90168 037 ***150.00

DOCUMENT # F0000007130	
1. Entity Name EMILIO PUCCI, LTD., CORP.	

Principal Place of Business 19 EAST 57TH STREET NEW YORK, NY 10022	Mailing Address 19 EAST 57TH STREET NEW YORK, NY 10022
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DO NOT WRITE IN THIS SPACE

50047533
50047580



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3356103	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 _____ 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, 2005 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	VP PUCCI, LAUDOMIA PALAZZO PUCCI VIA DE PUCCI 6 FIRENZE, IA 50122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUTRIN, CATHERINE PALAZZO PUCCI VIA DE PUCCI 6 FIRENZE, IA 50122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEVENIN, JEAN-CHRISTOPHE 19 EAST 57TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOLANDA, KATHRYN 19 EAST 57TH STREET NEW YORK, NY 10022
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, trustee, or other person authorized 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, in an address, or in any other like empowered.

SIGNATURE:  _____ Date: 212 931 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #