

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007130

FILED
Apr 17, 2008
Secretary of State

Entity Name: EMILIO PUCCI, LTD., CORP.

Current Principal Place of Business:

19 EAST 57TH STREET
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

19 EAST 57TH STREET
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-3356103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PUCCI, LAUDOMIA
Address: PALAZZO PUCCI VIA DE PUCCI 6
City-St-Zip: FIRENZE, IA 50122

Title: P () Delete
Name: VAUTRIN, CATHERINE
Address: PALAZZO PUCCI VIA DE PUCCI 6
City-St-Zip: FIRENZE, IA 50122

Title: VP () Delete
Name: PFISTNER, PATRICE
Address: 625 MADISON AVE 3RD FL
City-St-Zip: NEW YORK, NY 10022

Title: S () Delete
Name: KOLANDA, KATHRYN
Address: 625 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: VP () Delete
Name: SLAVINSKY, JOHN
Address: 19 E 57TH STREET
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: VOARINO, LUCA
Address: 19 E. 57TH ST.
City-St-Zip: NEW YORK, NY 10022

Title: VP (X) Change () Addition
Name: DROUET, DIDIER
Address: PALAZZO PUCCI VIA DE PUCCI 6
City-St-Zip: FIRENZE, IA 50122

Title: SEC (X) Change () Addition
Name: KOLANDA, KATHRYN
Address: 625 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: TREA (X) Change () Addition
Name: MORINEAUX, NICOLAS
Address: 19 E 57TH STREET
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS ATOCHA

Electronic Signature of Signing Officer or Director

TAX

04/17/2008

_____ Date