2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000006405

1. Entity Name
OSCAR DE LA RENTA, LTD., INC.

Principal Place of Business	Mailing Address
550 SEVENTH AVENUE NEW YORK, NY 10018	550 SEVENTH AVENUE NEW YORK, NY 10018

04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2777198
☐ Applied For
☐ Not Applicable

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

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	DE LA RENTA, OSCAR
STREET ADDRESS	550 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	DTS
NAME	BOLEN, ALEXANDER L
STREET ADDRESS	550 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	DP
NAME	BOLEN, ELIZA
STREET ADDRESS	550 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	CEO
NAME	BOLEN, ALEXANDER L
STREET ADDRESS	550 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10018
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: _____ GIUSEPPE CELIO 04/19/07 212-2820500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #