

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000002397

1. Entity Name  
FENDI NORTH AMERICA, INC.



FILED

09 MAY -1 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
720 FIFTH AVENUE, 5TH FLOOR  
NEW YORK, NY 10019

Mailing Address  
720 FIFTH AVENUE, 5TH FLOOR  
NEW YORK, NY 10019

2. Principal Place of Business - No P.O. Box #  
**677 FIFTH AVENUE**

3. Mailing Address  
**677 FIFTH AVENUE**

Suite, Apt. #, etc.  
**4TH FLOOR**

Suite, Apt. #, etc.  
**4TH FLOOR**

City & State  
**NEW YORK, NY**

City & State  
**NEW YORK, NY**

Zip  
**10022**

Country  
**USA**

Zip  
**10022**

Country  
**USA**

04222008 Chg-P CR2E034 (12/06)



4. FEI Number  
13-3485176

Applied For  
Not Applicable

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 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

**400155555644**  
**05/06/09--01039--027 \*\*150.00**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BURKE, MICHAEL 720 FIFTH AVENUE, 5TH FLOOR NEW YORK, NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORE, GIANLUCA 720 FIFTH AVENUE, 5TH FLOOR NEW YORK, NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTUNATO, PHILLIPPE 720 FIFTH AVENUE, 5TH FLOOR NEW YORK, NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLEDANO, SIDNEY 720 FIFTH AVENUE, 5TH FLOOR NEW YORK, NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOLANDA, KATHRYN 19 EAST 57TH STREET NEW YORK, NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>0517</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>677 FIFTH AVENUE, 4TH FLOOR NEW YORK, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>677 FIFTH AVENUE, 4TH FLOOR NEW YORK, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>677 FIFTH AVENUE, 4TH FLOOR NEW YORK, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>677 FIFTH AVENUE, 4TH FLOOR NEW YORK, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kathryn Kolanda, Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #