

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P39551

FILED
Oct 20, 2004
Secretary of State

Entity Name: BULGARI CORPORATION OF AMERICA

Current Principal Place of Business:

730 FIFTH AVENUE
NEW YORK, NY 10019 US

New Principal Place of Business:

Current Mailing Address:

730 FIFTH AVENUE
NEW YORK, NY 10019 US

New Mailing Address:

FEI Number: 13-3351199

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: CEO () Delete
Name: TRAPANI, FRANCESCO
Address: LUNAUTEVERE MARETO 11
City-St-Zip: ROME ITALY, 00186

Title: S () Delete
Name: PAVIA, GEORGE M
Address: 600 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: O () Delete
Name: FISCHER, CYNTHIA
Address: 600 MADISON AVE.
City-St-Zip: NEW YORK, NY 10022

Title: FD () Delete
Name: LEONARDI, ALFRED
Address: 730 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: DUCHAMP, PATRICK
Address: 730 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10019

Title: CONT () Delete
Name: PARADA, VICTOR
Address: 730 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALFRED LEONARDI

FD

10/20/2004

Electronic Signature of Signing Officer or Director

Date