2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# F97000001602

Entity Name: MAXMARA RETAIL, LTD.

Current Principal Place of Business:

216 WORTH AVENUE
PALM BEACH, FL 37480 US

New Principal Place of Business:

Current Mailing Address:

530 SEVENTH AVE
21ST FLOOR
NEW YORK, NY 10018

New Mailing Address:

FEI Number: 13-3676407 **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: C ( ) Delete
Name: MARAMOTTI, LUIGI DR
Address: VIA GIULIA MARMOTTI NR4, REGGIO EMILIA
City-St-Zip: ITALY,

Title: VP ( ) Delete
Name: CAROGGIO, LUIGI
Address: 344 WEST 89TH ST APT 4A
City-St-Zip: NEW YORK, NY 10024

Title: T ( ) Delete
Name: D'AGOSTINO, GABRIEL
Address: 121 MADISON AVE, APT. 11D
City-St-Zip: NEW YORK, NY 10016

Title: S ( ) Delete
Name: UYO, KATIE N
Address: 67 1/2 ERIE STREET
City-St-Zip: JERSEY CITY, NJ 07302

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:

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

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: KATIE N. UYO S 04/07/2009

Electronic Signature of Signing Officer or Director Date