

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003522**

1. Entity Name  
**FERRARI EXPRESS INC.**



Principal Place of Business  
**215 MILL STREET  
LAWRENCE, NY 11559**

Mailing Address  
**215 MILL STREET  
LAWRENCE, NY 11559**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3576546**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CELADA, CLAUDIO  
36 NE 1ST STREET  
SUITE 1049  
MIAMI, FL 33132**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	P
NAME	FERRARI, DARIO DINO
STREET ADDRESS	215 MILL STREET
CITY-ST-ZIP	LAWRENCE, NY 11559
TITLE	V
NAME	MELILI, LAWRENCE
STREET ADDRESS	215 MILL STREET
CITY-ST-ZIP	LAWRENCE, NY
TITLE	S
NAME	FERRANTE, FRANK
STREET ADDRESS	5 WEST 19TH STREET, 10TH FL
CITY-ST-ZIP	NEW YORK, NY
TITLE	VT
NAME	CELADA, CLAUDIO
STREET ADDRESS	215 MILL STREET
CITY-ST-ZIP	LAWRENCE, NY 11559
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80022-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #