## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000003522

CELADA, CLÀÚDIO

215 MILL STREET

LAWRENCE, NY 11559

Name:

Address:

City-St-Zip:

FILED Jan 14, 2008 Secretary of State

Entity Name: FERRARI EXPRESS INC. **Current Principal Place of Business: New Principal Place of Business:** 215 MILL STREET LAWRENCE, NY 11559 **Current Mailing Address: New Mailing Address:** 215 MILL STREET LAWRENCE, NY 11559 FEI Number: 13-3576546 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CELADA, CLAUDIO 36 NE 1ST STREET **SUITE 1049** MIAMI, FL 33132 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FERRARI, DARIO DINO Name: Name: 215 MILL STREET Address: Address: City-St-Zip: LAWRENCE, NY 11559 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: MELILI, LAWRENCE Name: MELILI, LAWRENCE 215 MILL STREET 215 MILL STREET Address: Address: LAWRENCE, NY LAWRENCE, NY 11559 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: FERRANTE, FRANK FERRANTE, FRANK Name: Name: 5 WEST 19TH STREET, 10TH FL 5 WEST 19TH STREET, 10TH FL Address: Address: City-St-Zip: NEW YORK, NY City-St-Zip: NEW YORK, NY 10011 Title: ( ) Delete Title: (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

CELADA, CLAÚDIO

215 MILL STREET

LAWRENCE, NY 11559

SIGNATURE: CLAUDIO CELADA ٧ 01/14/2008