

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007130

Entity Name: EMILIO PUCCI, LTD., CORP.

FILED  
Apr 02, 2007  
Secretary of State

## Current Principal Place of Business:

19 EAST 57TH STREET  
NEW YORK, NY 10022

## New Principal Place of Business:

## Current Mailing Address:

19 EAST 57TH STREET  
NEW YORK, NY 10022

## New Mailing Address:

FEI Number: 13-3356103

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: VP ( ) Delete  
Name: PUCCI, LAUDOMIA  
Address: PALAZZO PUCCI VIA DE PUCCI 6  
City-St-Zip: FIRENZE, IA 50122

Title: P ( ) Delete  
Name: VAUTRIN, CATHERINE  
Address: PALAZZO PUCCI VIA DE PUCCI 6  
City-St-Zip: FIRENZE, IA 50122

Title: VP ( ) Delete  
Name: PFISTNER, PATRICE  
Address: 625 MADISON AVE 3RD FL  
City-St-Zip: NEW YORK, NY 10022

Title: S ( ) Delete  
Name: KOLANDA, KATHRYN  
Address: 19 EAST 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: S (X) Change ( ) Addition  
Name: KOLANDA, KATHRYN  
Address: 625 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: VP ( ) Change (X) Addition  
Name: SLAVINSKY, JOHN  
Address: 19 E 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS ATOCHA

TAX

04/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date