

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005905

Entity Name: ZARA USA, INC.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

645 MADISON AVENUE  
NEW YORK, NY 10022

## New Principal Place of Business:

## Current Mailing Address:

645 MADISON AVENUE  
NEW YORK, NY 10022

## New Mailing Address:

FEI Number: 13-3471788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: RENON TUNEZ, RAMON  
Address: POL. IND. DE SABON,ARTEIXO-LA CORUNA.#1054  
City-St-Zip: 15080 LA CORUNA, SPAIN, NY 10022

Title: SD ( ) Delete  
Name: CANETE DIAZ, ALVARO  
Address: POL. IND. DE SABON,ARTEIXO-LA CORUNA.#1054  
City-St-Zip: 15080 LA CORUNA, SPAIN, NY 10022

Title: TD ( ) Delete  
Name: ROMAY DE LA COLINA, JOSE M  
Address: POL. IND. DE SABON,ARTEIXO-LA CORUNA.#1054  
City-St-Zip: 15080 LA CORUNA, SPAIN, NY 10022

Title: AS ( ) Delete  
Name: COSTAS-RODRIGUEZ, MOISES  
Address: 645 MADISON AVENUE, 6TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: ALIJA CASTILLO, IGNACIO  
Address: POL. IND. DE SABON,ARTEIXO-LA CORUNA.#1054  
City-St-Zip: 15080 LA CORUNA, SPAIN, NY 10022

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: MOISES COSTAS

MR.

03/19/2009

Electronic Signature of Signing Officer or Director

Date