2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006244

Entity Name: DOLCE & GABBANA USA INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9700 COLLINS AVE UNIT #151 MIAMI BEACH, FL 33154 **Current Mailing Address: New Mailing Address:** 230 PARK AVENUE C/O STEVEN R. FRANKEL NEW YORK, NY 10169 FEI Number: 13-3910342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: (X) Change () Addition DOLCE, ALFONSO Name: Name: DOLCE, ALFONSO 660 MADISON AVE., 10TH FLR. 660 MADISON AVE., 10TH FLR. Address: Address: NEW YORK, NY 10021 City-St-Zip: NEW YORK, NY 10021 City-St-Zip: DVPT Title: Title: () Delete (X) Change () Addition RUELLA, CHRISTIANA CFO Name: RUELLA, CHRISTIANA CFO Name: 660 MADISON AVENUE, 10TH FLOOR 660 MADISON AVENUE, 10TH FLOOR Address: Address: NEW YORK, NY 10021 NEW YORK, NY 10021 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition FRANKEL, STEVEN Name: Name: 230 PARK AVENUE, SUITE 1130 Address: Address: City-St-Zip: NEW YORK, NY 10169 City-St-Zip: Title: VΡ () Delete Title: VPT (X) Change () Addition ZOLLO, LOU ZOLLO, LOU Name: Name: Address: 660 MADISON AVE., 10TH FLR. Address: 660 MADISON AVE., 10TH FLR. City-St-Zip: NEW YORK, NY 10021 City-St-Zip: NEW YORK, NY 10021 Title: Title: () Delete () Change () Addition FORTE, GABRIELLA Name: Name: 660 MADISON AVENUE 10TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10021 City-St-Zip: Title: (X) Delete Title: () Change () Addition ALBARRAN, CHRISTOPHE Name: Name: Address: 660 MADISON AVE 10TH FL Address: City-St-Zip: NEW YORK, NY 10021 City-St-Zip:

SIGNATURE: STEVEN FRANKEL S 01/15/2009

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.