


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # F03000005212 1. Entity Name FURLA LICENSING (USA) INC.	
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Principal Place of Business C/O FURLA 389 FIFTH AVE. NEW YORK, NY 10016	Mailing Address C/O FURLA 389 FIFTH AVE. NEW YORK, NY 10016
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05152007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4020799	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PETTIBONE, BRUCE S 259 ROYAL TERN RD. NORTH PONTE VEDRA, FL 32082
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FURLANETTO, GIOVANNA VIA BELLARIA 3-5, 40068 SAN LAZZARO DI SAVENA, BOLOGNA, ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KALIPERSHAD, NANDA 389 FIFTH AVE, 7TH FLOOR NEW YORK, NY 10016
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05/31/07-80022-019 558.75

**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: <u>Paul Budhu</u> Paul Budhu <u>5.16.07</u> <u>212 243 1171</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>