2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000609

Entity Name: FURLA (U.S.A.), INC.

FILED Mar 25, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
389 FIFTH ROOM 70 NEW YOF		i		
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
389 FIFTH ROOM 70 NEW YOF	_			
FEI Number	r: 13-2931806	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
17888 671	SERVICES, IN TH COURT NO TCHEE, FL 33	ORTH		
The above	e named entity			
in the Stat	te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
in the Stat SIGNATU	te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
	te of Florida. IRE:	onic Signature of Registered Ag		d office or registered agent, or both, Date
SIGNATU	te of Florida. IRE:Electro			
SIGNATU	te of Florida. IRE:Electro	onic Signature of Registered Ag	ent	Date
SIGNATU	te of Florida. IRE: Electro Impaign Financia IS AND DIRECTO D (FURLANETTO VIA BELLARIA	onic Signature of Registered Ag	ent	Date
SIGNATU Election Ca OFFICER Title: Name: Address:	te of Florida. IRE: Electro Impaign Financia IS AND DIRECTO D (FURLANETTO VIA BELLARIA DI SAVENA, B	onic Signature of Registered Ageng Trust Fund Contribution (). CTORS:) Delete), MS. GIOVANNA A 3-5, 40068 SAN LEZZARO GOLOGNA ITALY,) Delete D, NANDA E	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: NANDA KALIPERSHAD VP 03/25/2008