

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000106

FILED
Apr 14, 2009
Secretary of State

Entity Name: FERRARI FINANCIAL SERVICES, INC.

Current Principal Place of Business:

270 SYLVAN AVE
SUITE C
ENGLEWOOD CLIFFS, NJ 07632

New Principal Place of Business:

Current Mailing Address:

270 SYLVAN AVE
SUITE C
ENGLEWOOD CLIFFS, NJ 07632

New Mailing Address:

FEI Number: 20-5676832

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: D () Delete
Name: AHRABIAN, DARIUSCH
Address: 4 VIA ABETONE INFERIORE
City-St-Zip: MARANELLO, MO 41053 IT

Title: VP () Delete
Name: WERTHEIM, DAVID
Address: 250 SYLVAN AVE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: VP/D () Delete
Name: CLARKE, JOHN E
Address: 250 SYLVAN AVE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: VP () Delete
Name: VITALE, THOMAS M
Address: 270 SYLVAN AVE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: D () Delete
Name: MARSELLA, JOSEPH
Address: 250 SYLVAN AVE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: SECR () Delete
Name: WERTHEIM, DAVID
Address: 250 SYLVAN AVENUE
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

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:

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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: THOMAS VITALE

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date