

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000004503

1. Entity Name
DAVIDOFF OF GENEVA (CT.), INC.



Principal Place of Business
550 WEST AVE.
STAMFORD, CT 06902

Mailing Address
550 WEST AVE.
STAMFORD, CT 06902



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1257625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SERVIDIO, JOSEPH
8635 TRIONFO AVE.
NORTHPORT, FL 34287

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000942432
05/29/08-80020-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAENNINGER, PETER
STREET ADDRESS	305 STAMFORD AVE
CITY-ST-ZIP	STAMFORD, CT 06902

TITLE	S
NAME	EDMONDS, ROBERT
STREET ADDRESS	119 EAST 84TH ST
CITY-ST-ZIP	NEW YORK, NY 10028

TITLE	T
NAME	KALAMBOKAS, DIANE
STREET ADDRESS	19 RICHLAND ROAD
CITY-ST-ZIP	GREENWICH, CT 06831

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #