


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90048 003 ***150.00

DOCUMENT # F97000005628 1. Entity Name S-FER INTERNATIONAL INCORPORATED	
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Principal Place of Business 663 FIFTH AVE. NEW YORK, NY 10022-5309	Mailing Address 700 CASTLE RD SECAUCUS, NJ 07094
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07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2792449	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
 ALLEY, MAASS, ROGERS & LINDSAY, P.A.
 340 ROYAL POINCIANA WAY, Suite 321, Po Box 431
 PALM BEACH, FL 33480-0431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FERRAGAMO, WANDA 663 FIFTH AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP FERRAGAMO, MASSIMO 663 FIFTH AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRAGMO, FERRUCCIO 663 FIFTH AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABDOO, LYNDA 700 CASTLE ROAD SECAUCUS, NJ 07094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTTOMANELLI, VINCENT 663 FIFTH AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAVIA, GEORGIE 600 MADISON AVE. NEW YORK, NY 10022

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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:  **7/11/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____