

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

07-18-2007 90048 003 ***150.00

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1. Entity Name
S-FER INTERNATIONAL INCORPORATED



Principal Place of Business
**663 FIFTH AVE.
NEW YORK, NY 10022-5309**

Mailing Address
**700 CASTLE RD
SECAUCUS, NJ 07094**



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 ☐ **\$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**

**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 _____ (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 FERRAGAMO, FERRUCCIO 663 FIFTH AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABDOO, LYNDIA 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

**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**

7/11/07 Daytime Phone #