

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005628

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: S-FER INTERNATIONAL INCORPORATED

**Current Principal Place of Business:**

663 FIFTH AVE.  
NEW YORK, NY 10025309

**New Principal Place of Business:**

**Current Mailing Address:**

700 CASTLE RD  
SECAUCUS, NJ 07094

**New Mailing Address:**

FEI Number: 13-2792449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
340 ROYAL POINCIANA WAY STE 321  
P.O. BOX 431  
PALM BEACH, FL 334800431 US

**Name and Address of New Registered Agent:**

ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
340 ROYAL POINCIANA WAY STE 321  
PALM BEACH, FL 334800431 US

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

01/16/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: FERRAGAMO, WANDA  
Address: 663 FIFTH AVE.  
City-St-Zip: NEW YORK, NY 10022

Title: CDP ( ) Delete  
Name: FERRAGAMO, MASSIMO  
Address: 663 FIFTH AVE.  
City-St-Zip: NEW YORK, NY 10022

Title: V ( ) Delete  
Name: FERRAGMO, FERRUCCIO  
Address: 663 FIFTH AVE.  
City-St-Zip: NEW YORK, NY 10022

Title: V ( ) Delete  
Name: ABDOO, LYNDA  
Address: 700 CASTLE ROAD  
City-St-Zip: SECAUCUS, NJ 07094

Title: P ( ) Delete  
Name: OTTOMANELLI, VINCENT  
Address: 663 FIFTH AVE  
City-St-Zip: NEW YORK, NY 10022

Title: S ( ) Delete  
Name: PAVIA, GEORGIE  
Address: 600 MADISON AVE.  
City-St-Zip: NEW YORK, NY 10022

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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: TONY PELLICCIOTTA

Electronic Signature of Signing Officer or Director

SR

01/16/2009

Date