2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005628

Entity Name: S-FER INTERNATIONAL INCORPORATED

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
663 FIFTH A	AVE. K, NY 100225	309		·		
Current Mailing Address:				New Mailing Address:		
700 CASTLE RD SECAUCUS, NJ 07094						
FEI Number:	13-2792449	FEI Number Applied For()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ALLEY, MAASS, ROGERS & LINDSAY, P.A. 340 ROYAL POINCIANA WAY STE 321 P.O. BOX 431 PALM BEACH, FL 334800431 US				ALLEY, MAASS, ROGERS & LINDSAY, P.A. 340 ROYAL POINCIANA WAY STE 321 PALM BEACH, FL 334800431 US		
The above r in the State		submits this statement for the pur	pose of	f changing its registere	ed office or registered agent, or both,	
SIGNATURE:				01/16/2009		
	Electron	ic Signature of Registered Agent	-		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD () FERRAGAMO, V 663 FIFTH AVE NEW YORK, NY			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CDP () FERRAGAMO, I 663 FIFTH AVE. NEW YORK, NY			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () FERRAGMO, FE 663 FIFTH AVE. NEW YORK, NY			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () ABDOO, LYNDA 700 CASTLE RO SECAUCUS, NJ	N DAD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () OTTOMANELLI, 663 FIFTH AVE NEW YORK, NY			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () PAVIA, GEORG 600 MADISON A NEW YORK, NY	NE.		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 SR 01/16/2009