

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90040 041 ***150.00

DOCUMENT # P00000023804

1. Entity Name
FERRAGAMO LATIN AMERICA, INC.



Principal Place of Business
1101 BRICKELL AVENUE
NORTH TOWER #100
MIAMI, FL 33131

Mailing Address
C/O GEORGE R. FUNARO & CO. PC
ONE PENN PLAZA, STE. 3515
NEW YORK, NY 10019

50024360



2. Principal Place of Business

800 BRICKELL AVE

3. Mailing Address

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33131

Country

USA

Zip

Country

07142006

Chg-P

CR2E034 (11/05)

4. FEI Number

22-3723259

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STECCHI, DIEGO
1101 BRICKELL AVE.
STE. 702
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

STECCHI DIEGO

Street Address (P.O. Box Number is Not Acceptable)

800 Brickell Ave

City

Miami

FL

Zip Code

33131

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
Due by September 6, 2006

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 P
NAME STECCHI, DIEGO
STREET ADDRESS 409 N. HIBISCUS DR
CITY-ST-ZIP MIAMI BEACH, FL 33140

☐ Delete

TITLE S
NAME SATLIN, SHELDON
STREET ADDRESS 2 CHARLOTTE COURT
CITY-ST-ZIP BRIARCLIFF MANOR, NY 10510

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sheela Satlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/31/06

Date

(212) 947-3333

Daytime Phone #