

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90048 021 ***150.00

DOCUMENT # P00000023804	
1. Entity Name FERRAGAMO LATIN AMERICA, INC.	



Principal Place of Business 800 BRICKELL AVE SUITE 400 MIAMI, FL 33131	Mailing Address C/O GEORGE R. FUNARO & CO. PC ONE PENN PLAZA, STE. 3515 NEW YORK, NY 10019
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40067353

2. Principal Place of Business - No P.O. Box # 800 BRICKELL AVE	3. Mailing Address C/O GEORGE R. FUNARO & CO. PC
Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc. ONE PENN PLAZA, STE 3515
City & State MIAMI, FL	City & State NEW YORK, NY
Zip 33131	Country USA



04102008 Chg-P CR2E034 (12/06)

4. FEI Number 22-3723259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STECCHI, DIEGO 800 BRICKELL AVE SUITE 400 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 SUITE 400 City MIAMI FL Zip Code 33131
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STECCHI, DIEGO 409 N. HIBISCUS DR MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIEGO STECCHI 255 EAST END DR. KEY BISCAYNE, 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SATLIN, SHELDON 2 CHARLOTTE COURT BRIARCLIFF MANOR, NY 10510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Diego Stecchi 4/11/08 212.947.3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #