


FILED
Aug 12, 2004 8:00 am
Secretary of State

07-26-2004 90010 044 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01800			
1. Entity Name FERRAGAMO U S A, INC.			
Principal Place of Business 663 FIFTH AVENUE NEW YORK, NY 10022-5309		Mailing Address 663 FIFTH AVENUE NEW YORK, NY 10022-5309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07082004		Chg-P CR2E034 (10/03)	
4. FEI Number 13-8180843		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROGERS, DOYLE 321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH, FL 33480) ok		Name Alley Maass Street Address (P.O. Box Number (s) Not Applicable) Hilley Maass, Rogers + Lindsay PA City FL Zip Code	
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: <i>[Signature]</i> DATE: 8-5-04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election-Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FERRAGAMO, WANDA VIA TORNABUONI 2 FLORENCE, ITALY, <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	EVPD FERRAGAMO, FERRUCCIO VIA TORNABUONI 2 FLORENCE, ITALY, <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	SD PAVIA, GEORGE M. 800 MADISON AVENUE NEW YORK, NY <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	AS FISCHER, CYNTHIA G. 800 MADISON AVENUE NEW YORK, NY <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	C ZOLLO, LOUIS 663 FIFTH AVE NY, NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CFO OTTO MANERI, Vincent 700 Castle Road Secaucus, NJ 07094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FERRAGAMO, LEONARDO VIA TORNABUONI 2 FLORENCE, IT <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 exemption stated in Section 119.07(3)(i), 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 individuals empowered.			
SIGNATURE: <i>[Signature]</i>		Vincent Ottonelli 7/9/04 (201) 531-0751	

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