
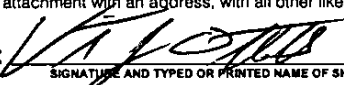


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90002 038 \*\*\*150.00

DOCUMENT # P01800			
1. Entity Name FERRAGAMO U S A, INC.			
Principal Place of Business 663 FIFTH AVENUE NEW YORK, NY 10022-5309 US		Mailing Address 663 FIFTH AVENUE NEW YORK, NY 10022-5309 US	
2. Principal Place of Business		3. Mailing Address 700 Castle Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Secaucus, NJ	
Zip	Country	Zip 07094	Country USA
6. Name and Address of Current Registered Agent ALLEY; MAASS, ROGERS & LINDSAY, P.A. 321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH, FL 33480		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRAGAMO, WANDA	NAME	
STREET ADDRESS	VIA TORNABUONI 2	STREET ADDRESS	
CITY-ST-ZIP	FLORENCE, ITALY,	CITY-ST-ZIP	
TITLE	EVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRAGAMO, FERRUCCIO	NAME	
STREET ADDRESS	VIA TORNABUONI 2	STREET ADDRESS	
CITY-ST-ZIP	FLORENCE, ITALY,	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVIA, GEORGE M.	NAME	
STREET ADDRESS	600 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, CYNTHIA G.	NAME	
STREET ADDRESS	600 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTOMANELLI, VINCENT	NAME	Vincent Ottomanelli
STREET ADDRESS	700 CASTLE ROAD	STREET ADDRESS	700 Castle Road
CITY-ST-ZIP	SECAUCUS, NJ 07094	CITY-ST-ZIP	Secaucus, NJ 07094
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRAGAMO, LEONARDO	NAME	
STREET ADDRESS	VIA TORNABUONI 2	STREET ADDRESS	
CITY-ST-ZIP	FLORENCE, IT	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: 		Date: 7/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	