

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90221 050 ***150.00

DOCUMENT # P96000073521
 1. Entity Name
 THE FERRARI STORE INC.



Principal Place of Business Mailing Address
 1118 WINTER BLVD 8623 NW 54 ST
 PALM BEACH GARDENS, FL 33410 US MIAMI, FL 33166 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 4440 NW 113 COURT? 4440 NW 113 COURT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State DORAL FL City & State DORAL FL
 Zip 33178 Country MIAMI-DADE Zip 33178 Country MIAMI-DADE

04262008 Chg-P CR2E034 (12/06)
 4. FEI Number 65-0816393 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 DI CAMPLI, ROBERTO
 1118 WINTER BLVD
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 4440 NW 113 COURT...
 City DORAL FL Zip Code 33178

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 _____
Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$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	PTS DI CAMPLI, ROBERTO C 1118 WINTER BLVD PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4440 NW 113 COURT DORAL FL 33178
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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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: *x* *RM* ROBERTO DI CAMPLI 04/25/08 (305) 477-5417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 317-5091