FILED

04 APR 21 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F62459

1. Entity Name
ITALIAN SHOEMAKERS, INC.

Principal Place of Business
9350 N.W. 58TH STREET
MIAMI, FL 33178 US

Mailing Address
9350 N.W. 58TH STREET
MIAMI, FL 33178 US

DO NOT WRITE IN THIS SPACE

04162004 No Chg-P 0N2E034 (10/03)

4. FEI Number
59-2163809

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, TERRENCE G. ESQ.
141 N.E. THIRD AVENUE
SUITE 801
MIAMI, FL 33132

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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.

Electronic Date: _____ Signature of a director or officer of registered agent and that of the agent _____ Signature of Registered Agent (required when no seal on file) _____ Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Litation Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ROMANELLI, PIETRO
STREET ADDRESS	9350 N.W. 58TH STREET
CITY-ST-ZIP	MIAMI, FL 00000, 33178
TITLE	D
NAME	ROMANELLI, PIETRO
STREET ADDRESS	9350 NW 58 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	TV
NAME	ROMANELLI, ELENA F
STREET ADDRESS	9350 NW 58 STREET
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900033724809
04/23/04--01025--022 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption statement in Section 119.07(3)(i), Florida Statutes, and that I hereby 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 lines completed.

SIGNATURE: _____ Signature and Typed or Printed Name of Board Officer or Director _____ Date _____ Daytime Phone #

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