


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90200 023 \*\*\*\*50.00

**DOCUMENT # L05000068472**

1. Entity Name  
**CONTINENTAL SHOES, LLC**



Principal Place of Business  
**3015 GRAND AVENUE, SUITE 237  
 COCONUT GROVE, FL 33133**

Mailing Address  
**3015 GRAND AVENUE, SUITE 237  
 COCONUT GROVE, FL 33133**

J0000700



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>3015 Grand Avenue</b> | 3. Mailing Address<br><b>3015 Grand Avenue</b> |
| Suite, Apt. #, etc.<br><b>S. 237 - Coconut Grove, FL</b>   | Suite, Apt. #, etc.<br><b>S. 237</b>           |
| City & State<br><b>33133 USA</b>                           | City & State<br><b>Coconut Grove, FL</b>       |
| Zip<br><b>33133</b>  | Country<br><b>USA</b>                          |

03022006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**GOLDMAN, BRUCE J ESQ  
 2701 LE JEUNE ROAD, SUITE 404  
 CORAL GABLES, FL 33134**

4. FEI Number  
**20-3325851**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

Filing Fee is **\$50.00**  
 Due by **May 1, 2006**

Make check payable to  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS  |                                 | 10. ADDITIONS/CHANGES |   |
|---|---------------------------------|-----------------------|---|
| TITLE<br><b>President</b>   | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Celestino Martinez</b>   |                                 | NAME                  |   |
| STREET ADDRESS<br><b>PMB3 PR40 9840 Via de La Amistad, San Diego, CA 92154</b>  |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP           |   |
| TITLE<br><b>Secretary</b>   | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Efrain Martinez</b>  |                                 | NAME                  |   |
| STREET ADDRESS<br><b>PMB3 PR40, 9840 Via de La Amistad, San Diego, CA 92154</b> |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP           |   |
| TITLE<br><b>Accountant</b>  | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Ronaldo Manlio</b>   |                                 | NAME                  |   |
| STREET ADDRESS<br><b>16209 SW 27th Street</b>                                   |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP<br><b>Miramar, FL, 33027</b>  |                                 | CITY-ST-ZIP           |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME                  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP           |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME                  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP           |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME                  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP           |   |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ronald Manlio* Date: 03.15.06 Device Phone #: 305.441.0231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE