



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90191 016 ***150.00

DOCUMENT # P00000113543					
1. Entity Name MANDRIL SHOE CORP.					
Principal Place of Business 1155 VENETIA AVE CORAL GABLES, FL 33134			Mailing Address % OLGAM, GARCIA P O BOX 440605 MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>90 Roy Garcia</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 440605</i>			
City & State		City & State <i>Miami FL</i>			
Zip	Country	Zip <i>33144</i>	Country <i>USA</i>		
4. FEI Number 65-1067816				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, OLGA M 150 ALHAMBRA CIRCLE SUITE 725 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <i>Roy Garcia</i> Street Address (P.O. Box Number is Not Acceptable) <i>1155 Venetia Ave</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>		
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> <i>President</i> DATE <i>4/10/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	D,P GARCIA, OLGA M P O BOX 440605 MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roy Garcia P.O. Box 440605 Miami FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T GARCIA, VERONICA M P O BOX 440605 MIAMI, FL 33144	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLGA M GARCIA P.O. Box 440605 Miami FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4/10/08</i>		Daytime Phone #: <i>305-6069147</i>	