


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90034 048 \*\*\*150.00

<b>DOCUMENT # P03000046782</b>			
1. Entity Name <b>SHOES PALACE INC</b>			
Principal Place of Business <b>1423 SW 48TH TERR. DEERFIELD BCH, FL 33442</b>		Mailing Address <b>1423 SW 48TH TERR. DEERFIELD BCH, FL 33442</b>	
2. Principal Place of Business <i>1117 South Military Trail</i>		3. Mailing Address <i>1117 South Military Trail</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Deerfield Beach FL</i>		City & State <i>Deerfield Beach FL</i>	
Zip <i>33144</i>		Zip <i>33144</i>	
Country <i>U.S.A.</i>		Country <i>U.S.A.</i>	
4. FEI Number <b>33-1056767</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PERDOMO, LUIS 1423 SW 48TH TERR. DEERFIELD BCH, FL 33442</b>		7. Name and Address of New Registered Agent Name <i>HERCEDES PERDOMO</i> Street Address (P.O. Box Number is Not Acceptable) <i>1430 NE 170 St.</i> <i>Apto 222.</i> City <i>North Miami Beach</i> FL Zip Code <i>33162</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> (NOTE: Registered Agent signature required when reinstating) DATE: <i>2-11-04</i>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERDOMO, LUIS 1423 SW 48TH TERR. DEERFIELD BCH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERDOMO HERCEDES 1430 NE 170 St. Apto. 222. North Miami Beach. Zip-33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PERDOMO, MANUEL 1423 SW 48TH TERR. DEERFIELD BCH, FL 33442 <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	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	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	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	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 exemption stated in Section 119.07(3)(i), 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> Date: <i>2-11-04</i> Daytime Phone #			