2007 FOR PROFIT CORPORATION ~ ANNUAL REPORT

FILED May 02, 2007 08:00 A Secretary of State

1. Entity Nam TOTAL S	HOE PRODUCTS CO., INC.				50	ecretary	y OI St
Principal Place of Business 2626 NE 2ND AVE. MIAMI, FL 33137 Miami, FL 33137 Miami, FL 33137 Miami, FL 33137							
DO NOT WRITE IN THIS SPACE			CE	04232007 4. FEI Number	No Chg-P C	CR2E034 (11/05)	oplied For
			65-038264 5. Certificate of S		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent ARBER, ISAAC 2626 NE 2ND AVE. MIAMI, FL 33137			DO NOT WRITE IN THIS SPACE				
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: Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added							
10. IITLE NAME STREET ADDRESS City-St-Zip	OFFICERS AND DIRE D ARBER, ISAAC 2626 NE 2ND AVE. MIAMI, FL	CTORS			٠.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					OT WR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPA	CE.	•
NAME STREET ADDRESS CITY-ST-ZIP		Palada da pandada da harangan da da mangan da da mangan da da mangan da da mangan da da da mangan da da da da d			000000 05/23/07-	756599 80039-005	150.00
TITLE NAME STREET ADDRESS CHTY-SI-ZIP				٠,		, ,	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone F							