
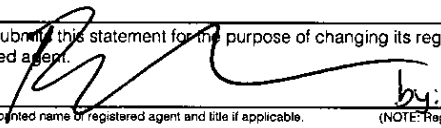
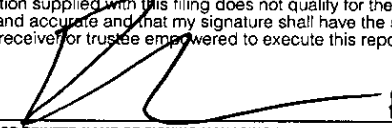


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90083 018 ****50.00

| | | | |
|--|---|--|---|
| DOCUMENT # L00000012314 1. Entity Name SHOEXPRESS INTERNATIONAL, LLC | |  | |
| Principal Place of Business 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131 | | Mailing Address 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131 | |
| 2. Principal Place of Business 1441 Brickell Ave Suite, Apt. #, etc. Suite 1014 City & State Miami, FL Zip 33131 | | 3. Mailing Address 1441 Brickell Ave. Suite, Apt. #, etc. Suite 1014 City & State Miami, FL Zip 33131 | |
| 4. FEI Number 46-2060811 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALLEN, GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name Robert Allen Law Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Ave. Suite 1014 City Miami FL Zip Code 33131 | |
| 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  by: Robert N. Allen Law PRESIDENT 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR JAVIER MARTINEZ RIVA 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR JAVIER MARTINEZ RIVA 1441 BRICKELL AVE, SUITE 1014 MIAMI, FL <input checked="" 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 |
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| 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 |
| 11. 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 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:  | | Date 4-29-04 Daytime Phone # (305) 372 3300 | |

24061383



04292004 Chg-LLC CR2E083 (10/03)