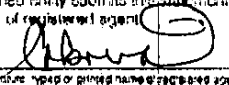
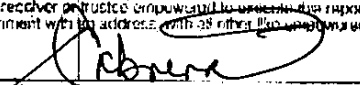


FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90298 043 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000150274			
1. Entity Name SIBA ITALIA SHOES, CORP			
Principal Place of Business 18179 NW 73RD AVE 106 MIAMI, FL 33015		Mailing Address 18179 NW 73RD AVE 106 MIAMI, FL 33015	
2. Principal Place of Business		3. Mailing Address	
State Apt # etc		State Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
		4. FFI Number 20-0467708	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRERA, AGUSTIN 18179 NW 73RD AVE 106 MIAMI, FL 33015		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 		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P CABRERA, AGUSTIN 18179 NW 73RD AVE STE 106 MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BANDOLINO, BRUNO 18179 NW 73RD AVE STE 106 MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S LLANES, YAIEN 18179 NW 73RD AVE STE 106 MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BANDOLINO, NICOLA 18179 NW 73 AVE STE 106 MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 or assignee or liquidator of the corporation 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 the address, with or without the corporation.			
SIGNATURE: 		05/05/2005	
SIGNATURE EMPLOYED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	