

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90079 035 ***150.00

DOCUMENT # 312170

1. Entity Name
THE GLOBE SHOE OF FLORIDA, INC.



Principal Place of Business

**127 MIRACLE MILE
CORAL GABLES, FL 33134**

Mailing Address

**127 MIRACLE MILE
CORAL GABLES, FL 33134**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1155443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILVER, MAX
108 S MIAMI AVE
2ND FLOOR
MIAMI, FL 33130**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATOUR, O L 127 MIRACLE MILE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LATOUR, O L 127 MIRACLE MILE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LATOUR, ALAN L. 127 MIRACLE MILE CORAL GABLES, FL 33134
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IN THIS SPACE**

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: *[Signature]* L Latour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 2005 (305) 446-9266

Date

Daytime Phone #