FILED
Mar 20, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 312170

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

Principal Place of Business	Mailing Address
127 MIRACLE MILE CORAL GABLES, FL 33134	127 MIRACLE MILE CORAL GABLES, FL 33134

U00000472723
03/30/06-80005-003 150.00

03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1156443
☐ 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

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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: Max R. Silver 3-20-6
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 asterisk, or that I am otherwise authorized.

SIGNATURE: [signature] 03-20-06 305 446-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #