

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 312170

1. Entity Name

THE GLOBE SHOE OF FLORIDA, INC.



**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business  
127 MIRACLE MILE  
CORAL GABLES FL 33134

Mailing Address  
127 MIRACLE MILE  
CORAL GABLES FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

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

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

*[Signature]*

(NOTE: Registered Agent signature required when form changed)

7-9-08

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000954978  
07/15/08-80004-024 550.00

TITLE DS  
NAME LATOUR, O.L.  
STREET ADDRESS 127 MIRACLE MILE  
CITY-ST-ZIP CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME LATOUR, ALAN L  
STREET ADDRESS 127 MIRACLE MILE  
CITY-ST-ZIP VCORAL GABLES FL 33134

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-08

205 446 9266

Date

Document Number