2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 25, 2005 08:00 A **DOCUMENT # 332554** Secretary of State 1. Entity Name LUX SHOES INC Principal Place of Business Mailing Address 8855 COLLINS AVE #602 SURFSIDE FL 33154 48 EAST FLAGLER STREET (PENTHOUSE 101) MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1221275 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORODETZKY, FELICIA Street Address (P.O. Box Number is Not Acceptable) 8855 COLLINS AVE #602 SURFSIDE FL 33154 Zip Code FL 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 re-installing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000330527 □ Change DP Addition TITLE ☐ Delete TriffE GORODETZKY.FELICIA NAME 04/25/05-80169-002 150.00 NAME STREET ADDRESS 8885 COLLINS AVE APT 602 STREET ADDRESS CITY - ST - ZIP SURFSIDE FL 33154 CITY-ST-ZIP TS Addition ☐ Delete TITLE [] Change TITLE NAME KUPER, NANCY NAME 8885 COLLINS AVE APT 602 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SURFSIDE FL 33154 CITY-ST-ZIP Delete [7] Change ☐ Addition TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CHY SL-ZIP CHY-ST-ZIP THLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TOTE Delete THILE NAME STREET ADDRESS STREET ADDRESS CITY ST-2IP CITY-ST-ZIP HILF ☐ Delete TITLE Change Addition NAME MAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SU-ZIE

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. 4. 28-05 SIGNATURE: Date Daytime Phone #