## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #408305** 

1. Entity Name

ATHLETE'S SHOE, INC THE



Principal Place of Business

8888 SW 136TH STREET

#402 MIAMI, FL 33176 Mailing Address

8888 SW 136TH STREET

#402

MIAMI, FL 33176





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CR2E034 (11/05) 01102008 No Chq-P Applied For 4. FEI Number 59-1414855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SOKOLOW, KENNETH 8888 SW 136TH STREET #402 MIAMI, FL 33176

## DO NOT WRITE IN THIS SPACE

the obligati	ions of registered agent.					!
SIGNATURE_	Signature Typerd or printed name of registered agent and title if	applicable (NOTE, Registere	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	U00000798894 01/30/08-80046-017 1	50.00
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD SOKOLOW, KENNETH 8888 SW 136TH STREET #402 MIAMI, FL 33176	TORS				
NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS: CITY-S1-ZIP				IN <sup>1</sup>	THIS SPACE	
HILE NAME						

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

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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if indicated on this report or supplement of the corporation or the receiver or tru changed, or on an attachment wi

**SIGNATURE:** 

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP