2007 FOR PROFIT CORPORATION

Jun 18, 2007 8:00 am Secretary of State **ANNUAL REPORT** 06-18-2007 90003 014 ***150 00 **DOCUMENT # 527928** Entity Name SPANISH CREATIONS SHOE IMPORTS, INC. 4015100. Principal Place of Business Mailing Address 1756 N.W. 23RD STREET 1756 N.W. 23RD STREET MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 06082007 Chg-P CR2E034 (12/06) City & State City & Stale 4. FEI Number Applied For 59-1727080 Not Applicable Zio 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 ZELCER, SERGIO Street Address (P.O. Box Number is Not Acceptable) 1756 N.W. 23RD STREET MIAMI, FL 33142 City 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, typed or printed name of regis cried agent and Life if at plicable (NOTE: Reg stored Agent's greature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Addition ZELCER, SERGIO NAME NAME STREET ADDRESS 1756 N.W. 23RD STREET STREET ADDRESS CITY ST ZIP CITY ST ZIP MIAMI, FL TITLE ST ☐ Delete TITLE ☐ Change Addition ZELCER, ROSA NAME NAME 1756 NW. 23 Rd Ct. STREET ADDRESS 1801 CLEVELAND ROAD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, EL CITY ST. 7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHIY ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP

12. Thereby 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 of the corporation or the rece changed, or on an attachmen with all other like empowered

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED