2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 614194

1. Entity Name
SHOE GALLERY, INC.

Principal Place of Business	Mailing Address
240 NE 1ST AVE MIAMI, FL 33132-2102	240 NE 1ST AVE MIAMI, FL 33132-2102

DO NOT WRITE IN THIS SPACE

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1866318
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WASERSTEIN, JAIME
240 NE 1ST AVE
MIAMI, FL 33132

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WASERSTEIN, JAIME
STREET ADDRESS	240 NE 1ST AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	SD
NAME	WASERSTEIN, ESTHER
STREET ADDRESS	240 NE 1ST AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	DVP
NAME	WASERSTEIN, DANIEL
STREET ADDRESS	240 NE 1ST AVENUE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	DT
NAME	WASERSTEIN, ELAINE
STREET ADDRESS	1498 MARINERS WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/05-80054-013 150.00

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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.

SIGNATURE: Esther Waserstein 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #