

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 614194

1. Entity Name
SHOE GALLERY, INC.



Principal Place of Business

**244 NE 1ST AVE
MIAMI, FL 33132**

Mailing Address

**244 NE 1ST AVE
MIAMI, FL 33132**

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1886318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WASERSTEIN, JAIME
244 NE 1ST AVE
MIAMI, FL 33132**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	244 NE 1ST AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	SD
NAME	WASERSTEIN, ESTHER
STREET ADDRESS	244 NE 1ST AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	DVP
NAME	WASERSTEIN, DANIEL
STREET ADDRESS	244 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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05/10/07-80082-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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

4-24-07

Date

305-371-2063

Daytime Phone #