

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 642606

1. Entity Name
GLAMOUR FOOTWEAR CORP.



FILED
Mar 11, 2004 08:00 AM
Secretary of State

Principal Place of Business

101 N.E. 23TH ST
MIAMI, FL 33137 US

Mailing Address

P.O. NPX 370984
MIAMI, FL 33137 US



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1944421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGUSTI, WILFREDO
101 NE 23RD ST
MIAMI, FL 33137

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000084486

03/11/04 00000 000 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	AGUSTI, WILFREDO
STREET ADDRESS	101 NE 23RD ST
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	AGUSTI, MARIA C
STREET ADDRESS	101 NE 23RD ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/04/04 305-325-8118