## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## Mar 30, 2005 8:00 am Secretary of State **DOCUMENT # 642606** 03-30-2005 90028 023 \*\*\*150.00 1. Entity Name GLAMOUR FOOTWEAR CORP. Principal Place of Business Malling Address P.O. NPX 370984 101 N.E. 23TH ST MIAMI, FL 33137 . US MIAMI, FL 33137 LIS No Chg-P CR2E034 (10/03) 03182005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1944421 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent AGUSTI, WILFREDO DO NOT WRITE 101 NE 23RD ST MIAMI, FL 33137 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITL F AGUSTI, WILFREDO NAME STREET ADDRESS 101 NE 23RD ST CITY-ST-ZIP MIAMI, FL TITLE NAME AGUSTI, MARIA C 101 NE 23RD ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS C/TY-ST-7IP TITLE STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS

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 shell 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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