

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657943

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: CELESTE FOOTWEAR, INC.

**Current Principal Place of Business:**

2375 NW 21 TERR  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2375 NW 21 TERR  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 59-1999199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EGOZI, MOISES  
6455 ALLISON RD  
MIAMI BEACH, FL 33141      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EGOZI, MOISES,  
Address: 6455 ALLISON RD  
City-St-Zip: MIAMI BEACH, FL 33141

Title: TSD ( ) Delete  
Name: EGOZI, ESTHER,  
Address: 6455 ALLISON  
City-St-Zip: MIAMI BEACH, FL 33141

Title: SVP ( ) Delete  
Name: EGOZI, LEON  
Address: 688 MASSINI AVE  
City-St-Zip: GOLDEN BEACH, FL 33160

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/S (X) Change ( ) Addition  
Name: EGOZI, LEON  
Address: 688 MASSINI AVE  
City-St-Zip: GOLDEN BEACH, FL 33160

Title: VP ( ) Change (X) Addition  
Name: EGOZI, NORMAN  
Address: 21220 NE 32 PL  
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Change (X) Addition  
Name: EGOZI, RICHARD  
Address: 90 ALTON RD #1601  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOISES EGOZI

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date