2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

F48266 **DOCUMENT #** 1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

ERNÉST SHOES, INC.			23 vs	03-17-2003 91062 007 *	**150.00	
Principal Place of Business 2792 NW 24ST MIAMI FL 33142		Mailing Address 2792 NW 24ST MIAMI FL 33142			8 41 8 7811 2 1814 8 3 7 41 (28 1	
Principal Place of Business 3. Mailing Address		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
Suite, Apr. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2166616	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.	.75 Additional Required	
Name and Address of Current Registered Agent			7. Name and Address of New Registered Ager	nt		
DURAN, PEDRO B			Name	Name		
-	151 COURT		Street Address	(P.O. Box Number is Not Acceptable)		
MIAMI FL 33193					·	
	t et esa.		City	FL	Zip Code	
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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DURAN, PEDRO B 6615 S.W. 151 COURT MIAMI FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		Delete · *	NAME STREET ADDRESS CITY-ST-ZIP	and the second s	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
12. hereby c	certify that the information supplied with	this filing does not qualify for th	ne exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify the	hat 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: