

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90092 046 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F72340

1. Entity Name
THE ARMANI SHOES, CORPORATION



Principal Place of Business

2337 NW 5TH AVE
MIAMI, FL 33127

Mailing Address

2337 NW 5TH AVE
MIAMI, FL 33127

2. Principal Place of Business - No P.O. Box #

1551 N. W. 29th ST

3. Mailing Address

1551 N. W. 29th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04212008

Chg-P

CR2E034 (12/06)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-2190750

Applied For

Not Applicable

Zip

33142

Country

LOADE

Zip

33142

Country

LOADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INGELMO, CRISTOBAL
2337 NW 5TH AVE
MIAMI, FL 33127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1551 N. W. 29th ST

City

MIAMI

FL

Zip Code

33142

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | INGELMO, CRISTOBAL | |
| STREET ADDRESS | 2337 NW 5TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33127 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | INGELMO, ESTHER | |
| STREET ADDRESS | 2337 NW 5TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33127 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1551 N. W. 29th ST | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1551 N. W. 29th ST | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

Date

Daytime Phone #