

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 042 ***150.00

DOCUMENT # G80804

1. Entity Name
FASHION FEET, INC.



Principal Place of Business

2516 NW 2ND AVENUE
MIAMI, FL 33127

Mailing Address

2516 NW 2ND AVENUE
MIAMI, FL 33127

94069109



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2347531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KUBILIUN, A.
~~17600 N.E. 10TH AVE~~
~~NORTH MIAMI BEACH, FL 33162~~

**2516 NW 2nd AVE
MIAMI, FL 33127**

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KUBILIUN, A.
STREET ADDRESS	2516 NW 2ND AVE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	SDV
NAME	KUBILIUN, I.
STREET ADDRESS	2516 NW 2ND AVE
CITY-ST-ZIP	MEMPHIS, TN 38127 MIAMI, FL 33127
TITLE	S
NAME	KUBILIUN, GOLDE
STREET ADDRESS	2516 NW 2 AVE
CITY-ST-ZIP	MIAMI, FL 33127
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

4/23/04

Date

Daytime Phone #