

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

01-24-2007 90044 048 ***150.00

G80804

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL -6 PM 1:09

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**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2347531

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KUBILIUN, A.
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

Allen Kubiun

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

11/19/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KUBILIUN, A.
2516 NW 2ND AVE
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SDV
KUBILIUN, I.
2516 NW 2ND AVE
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
KUBILIUN, GOLDE
2516 NW 2 AVE
MIAMI, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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:

Allen Kubiun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07 305-6104141

Date

Daytime Phone