2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 12, 2004 08:00 AM Secretary of State DOCUMENT # H18932 1. Entity Name RAQUEL'S FASHION SHOES, INC. Principal Place of Business Mailing Address P. O. BOX 1204 HALLANDALE FL 33008 24 NE FIRST AVE HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 59-2456515 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOZLOWSKI, HARRY 3850 WASHINGTON ST #1208 HOLLYWOOD FL 33021 Street Address (P.O. Box Number is Not Acceptable) City Zio 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 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME KOZLOWSKI, HARRY NAMÉ STREET ADDRESS 3850 WASHINGTON ST #1208 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY- ST - ZIP TITLE ☐ Delete TITLE Change Addition U000000048267 NAME KOZLOWSKI, RACHEL S. NAME 02/12/04-80073-020 158.75 STREET ADDRESS 3850 WASHINGTON ST #1208 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 afcurate 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 cy to see 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 advanders, with all otifying like empowered.

ICER OR DIRECTOR

FILED