


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90199 046 ***150.00

DOCUMENT # H45006			
1. Entity Name EXITO SHOES, INC.			
Principal Place of Business 2390 SW 164 AVENUE MIRAMAR FL 33027 US		Mailing Address PO BOX 278105 MIRAMAR FL 33027 US	
2. Principal Place of Business 3023 GEMLUSTER COURT		3. Mailing Address P.O. BOX 1442	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VALRICO, -FL 33595		City & State VALRICO, FL 33595-1442	
Zip 33595	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2501360		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HENAO, GUSTAVO 2390 SW 164 AVE MIRAMAR FL 33028		7. Name and Address of New Registered Agent Name HENAO, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 3023 GEMLUSTER COURT City VALRICO FL 33594	
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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  **GUSTAVO HENAO** DATE **2/22/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENAO, GUSTAVO 2390 SW 164 AVE MIRAMAR FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP. HENAO, GUSTAVO 3023 GEMLUSTER COURT VALRICO, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **GUSTAVO HENAO** DATE **2/22/05** TEL. **(813)662-6892**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #