

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90075 046 \*\*\*150.00

**DOCUMENT # H45006**

1. Entity Name

EXITO SHOES, INC.



Principal Place of Business  
3023 GEMLUSTER COURT  
VALRICO FL 33595  
US

Mailing Address  
PO BOX 1442  
VALRICO FL 33595-1442  
US



2. Principal Place of Business - No P.O. Box #  
215 SW.42 AVE

3. Mailing Address  
P.O. BOX 141719

Suite, Apt. #, etc.  
APT.1003

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number 59-2501360

Applied For

Not Applicable

Zip  
33134-1732

Country

Zip  
33114-1719

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HENAO, GUSTAVO  
3023 GEMLUSTER COURT  
VALRICO FL 33594

## 7. Name and Address of New Registered Agent

Name GUSTAVO HENAO

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

215 SW 42 Ave. Apt. 1003

City CORAL GABLES.

FL

Zip Code 33134-1732

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete  
NAME HENAO, GUSTAVO  
STREET ADDRESS 3023 GEMLUSTER COURT  
CITY-ST-ZIP VALRICO FL 33594

TITLE VD ☒ Delete  
NAME HENAO, TERESA  
STREET ADDRESS 3023 GEMLUSTER COURT  
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME HENAO, GUSTAVO  
STREET ADDRESS 215 S.W. 42 Ave. APT.1003  
CITY-ST-ZIP CORAL GABLES, FL 33134-1732

TITLE VD ☒ Change ☐ Addition  
NAME Henao, Teresa.  
STREET ADDRESS 215 SW 42 AVE. APT.1003  
CITY-ST-ZIP CORAL GABLES, FL 33134-1732

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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 #

TERESA HENAO. 2/13/07 (305) 774-7619