

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # H64849

1. Entity Name
AMADEUS SHOES, INC.



Principal Place of Business

C/O ESTHER LLOPIZ
7135 COLLINS AVE # 401
MIAMI BEACH, FL 33141

Mailing Address

C/O ESTHER LLOPIZ
7135 COLLINS AVE # 401
MIAMI BEACH, FL 33141



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2543081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LLOPIZ, ESTHER
7135 COLLINS AVE
401
MIAMI BEACH, FL 33141

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, 2005 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
BALLATE, JOSE RAMON
7135 COLLINS AVE # 401
MIAMI, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BALLATE, ISIDRO
7135 COLLINS AVE # 401
MIAMI, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LLOPIZ, ESTHER
7135 COLLINS AVE APT 401
MIAMI, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000317738
04/20/05-80030-025 150.00

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

Date

Daytime Phone #

4/15/05 (205-379-3738)