

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90094 018 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #

**7370 SW 33 ST**

3. Mailing Address

**P.O. Box 442694**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL 33144**

Zip

**33155**

Country

**US**

Zip

**33144**

Country

**US**

04122007

Chg-P

CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip 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  
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 PD  
NAME BALLATE, JOSE RAMON ☐ Delete  
STREET ADDRESS 7135 COLLINS AVE # 401  
CITY-ST-ZIP MIAMI, FL 33141

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

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

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 ☐ 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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/07 305 379-3738  
Date Daytime Phone #