

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90179 024 \*\*\*150.00

DOCUMENT # **K75239**

1. Entity Name  
**SOSA SHOES, CORP.**



Principal Place of Business	Mailing Address
314 NW 25TH STREET	314 NW 25TH STREET
MIAMI FL 33127	MIAMI FL 33127
US	US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0139044	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SOSA, ERASMO 3830 SW 129TH AVE MIAMI FL 33175	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

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2003 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be          Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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[illegible]

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 employees.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 20, 2002 (305) 576-7499

CR2E034 (10/02)