

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90200 023 \*\*\*\*50.00

<b>DOCUMENT # L05000068472</b>			
1. Entity Name CONTINENTAL SHOES, LLC			
Principal Place of Business 3015 GRAND AVENUE, SUITE 237 COCONUT GROVE, FL 33133		Mailing Address 3015 GRAND AVENUE, SUITE 237 COCONUT GROVE, FL 33133	
2. Principal Place of Business 3015 Grand Avenue		3. Mailing Address 3015 Grand Avenue	
Suite, Apt. #, etc. 5.237-Coconut Grove, FL		Suite, Apt. #, etc. 5.237	
City & State 33133 USA		City & State Coconut Grove, FL	
Zip	Country	Zip	Country
33133	USA	33133	USA
4. FEI Number 20-3325851		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLDMAN, BRUCE J ESQ 2701 LE JEUNE ROAD, SUITE 404 CORAL GABLES, FL 33134		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		DATE	
Signature, typed or printed name of reg. stored agent and title if applicable		(NOTE: Registered Agent signature required when reconstituting)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Celestino Martinez PMB3 PR40 9840 Via de La Amistad, San Diego, CA 92154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Efrain Martinez PMB3 PR40, 9840 Via de La Amistad, San Diego, CA 92154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Accountant Ronald Markio 16209 SW 27th Street Miramar, FL, 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Ronald Markio</u>		Date: <u>03.15.06</u> <u>305.441.0231</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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03022006 Chg-LLC CR2E083 (11/05)