

2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90050 046 ***150.00

DOCUMENT # L47555

1. Entity Name

FIT'S WELL SHOES, INC.



Principal Place of Business

LERMAN AND LERMAN, P.A.
48 E. FLAGLER ST. (PENTHOUSE 101)
MIAMI FL 33131

Mailing Address

LERMAN AND LERMAN, P.A.
48 E. FLAGLER ST. (PENTHOUSE 101)
MIAMI FL 33131



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0177817**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LERMAN AND LERMAN, P.A.
48 E. FLAGLER ST. (PENTHOUSE 101)
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Roma Werbin**

Street Address (P.O. Box Number is Not Acceptable)
20635 NE 19th Ct

Nm 8, FL

City

FL

Zip Code

33179

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

Roma Werbin

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
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 **WERBIN, ROMA**
STREET ADDRESS **20635 NE 19TH CT**
CITY - ST - ZIP **N MIAMI BEACH FL**

TITLE **DS** ☐ Delete
NAME **WERBIN, EDWARD**
STREET ADDRESS **471 NE 210 CIRCLE TERR 203**
CITY - ST - ZIP **N. MIAMI BCH. FL**

TITLE **V** ☐ Delete
NAME **WERBIN, CARLOS**
STREET ADDRESS **48 EAST FLAGLER ST., (PENTHOUSE 101)**
CITY - ST - ZIP **MIAMI FL 33131**

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
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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:

Roma Werbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #