


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000028858</b> 1. Entity Name SPERTI SHOES & ORTHOPEDIC INC.	
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Principal Place of Business 341 E MICHIGAN STREET ORLANDO, FL 32806	Mailing Address 341 E MICHIGAN STREET ORLANDO, FL 32806
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3645044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTHISARN, SANGWORN  
341 E MICHIGAN STREET  
ORLANDO, FL 32806

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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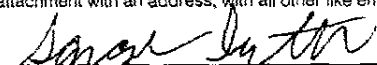
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INTHISARN, SANGWORN 341 E MICHIGAN STREET ORLANDO, FL 32806
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U00000150233  
05/03/04-80218-021 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **SANGWORN INTTHISARN** **4/29/04** **407-473-8893**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #