

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90057 009 ***150.00

DOCUMENT # P00000050332 1. Entity Name DYEABLE SHOES ONLINE, INC.			
Principal Place of Business 867 SAN REMO DR. WESTON, FL 33326		Mailing Address 867 SAN REMO DR. WESTON, FL 33326	
<input checked="" type="checkbox"/> Principal Place of Business 1190 Mahogany Lane Suite, Apt. #, etc.		<input checked="" type="checkbox"/> Mailing Address 1190 Mahogany Lane Suite, Apt. #, etc.	
City & State Weston, FL Zip 33327 Country		City & State Weston, FL Zip 33327 Country	
4. FEI Number 65-1011997		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUPRASKI, LOUIS A ESQ. 2450 NE MIAMI GARDENS DR., 2ND FLOOR N. MIAMI BCH, FL 33180		7. Name and Address of New Registered Agent <input checked="" type="checkbox"/> Name Richard Anderson Street Address (P.O. Box Number is Not Acceptable) 1190 Mahogany Lane City Weston FL Zip Code 33327	
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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, SUSAN 867 SAN REMO DR. WESTON, FL 33326 <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anderson, Susan 1190 Mahogany Lane Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANDERSON, LEE 867 SAN REMO DR. WESTON, FL 33326 <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Anderson, Lee 1190 Mahogany Lane Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 empowered.			
SIGNATURE:		Date 3/3/05 Daytime Phone # 954 680 7759	