

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057844

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** LOVE YOUR FEET AND COMFORT FOOT FITNESS, INC.

**Current Principal Place of Business:**

394 ORANGE LN.  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

394 ORANGE LN.  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 59-3657758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, MARIA  
394 ORANGE LN.  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

TORRES, MARIA  
394 ORANGE LANE  
CASSELBERRY, FL 32707 US

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.

**SIGNATURE:**

03/20/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TORRES, MARIA  
Address: 394 ORANGE LN  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARIA TORRES

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date