2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2004 08:00 AM Secretary of State DOCUMENT # P00000077496 1. Entity Name SILVER HEEL, INC. Principal Place of Business Mailing Address C/O EUGENE J. HOWARD 1111 LINCOLN RD, 4TH FLOOR MIAMI BEACH FL 33139 C/O EUGENE J. HOWARD 1111 LINCOLN RD, 4TH FLOOR MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1061901 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWARD, EUGENE J ESQ Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN RD 4TH FLOOR MIAMI BEACH FL 33139 City Zip Code FL 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 Signature, typod or printed name of registered agont and title # applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. 50 TITLE Delete TITLE Change NAME HOWARD, EUGENE J MAME U00000104552 04/06/04-80016-025 150.00 STREET ADDRESS 1111 LINCOLN ROAD 4TH FLOOR STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CETY - ST - ZIP TITLE Delete 11111 Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRLE ☐ Delete ☐ Change Addition NAME MAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY - ST - Z3P CITY-ST-ZIP TITLE Delete 7873 F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7/P TITLE Defete TEXTE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CXTY - ST- ZiP 12. I hereby certify that the information supplied with this lijing 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 ent 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 trusted employees of the septon 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 applies. With all page 1 like empowered.

MARCH 26,2004

305-538-6361

HOWARD

EUGENE

SIGNATURE:

FILED