

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000087651

1. Entity Name
E. & R. GENERATION FOOTWEAR, CORP.



Principal Place of Business

2247 NW 17 AVE
MIAMI, FL 33142

Mailing Address

PO BOX 420618
MIAMI, FL 33242

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1039085

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, ELADIO
739 EAST 20TH STREET
HIALEAH, FL 33013

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000031114
02/04/04-80137-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASTELLANO, ELADIO
STREET ADDRESS 739 EAST 20TH STREET
CITY-ST-ZIP HIALEAH, FL 33013

TITLE VD
NAME LEON, ROBERTO
STREET ADDRESS 750 EAST 17TH STREET
CITY-ST-ZIP HIALEAH, FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eladio Castellano

1/29/03

Date

Daytime Phone #

1205/635-9393