

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90037 044 ***150.00



DOCUMENT # P0000090107
 1. Entity Name
 HP FOOTWEAR, INC.

Principal Place of Business: 425 NW 26TH STREET, MIAMI, FL 33127
 Mailing Address: 425 NW 26TH STREET, MIAMI, FL 33127

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03082004 Chg-P CR2E034 (10/03)
 4. FEI Number: 65-1086865 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 PEREZ, RAMON
 425 NW 26TH STREET
 MIAMI, FL 33127

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, RAMON			NAME	PEREZ, RAMON		
STREET ADDRESS	425 NW 26TH STREET			STREET ADDRESS	425 NW 26 ST		
CITY-ST-ZIP	MIAMI, FL 33127			CITY-ST-ZIP	MIAMI, FL 33127		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PEREZ, JAYME	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, JAYME			NAME	PEREZ, JAYME		
STREET ADDRESS	425 NW 26TH STREET			STREET ADDRESS	425 NW 26 ST		
CITY-ST-ZIP	MIAMI, FL 33127			CITY-ST-ZIP	MIAMI, FL 33127		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: 03/08/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #