

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000110539 1. Entity Name COMFORT SHOES BY M & M, INC.					
Principal Place of Business 9913 MIRAMAR PARKWAY MIRAMAR FL 33025			Mailing Address 9913 MIRAMAR PARKWAY MIRAMAR FL 33025		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 65-1057616	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHERMAN, RONALD I 451 NE 207TH LANE #APT. BLD #2 NORTH MIAMI BEACH FL 33179				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: <i>Ronald I Sherman</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) 3/21/06 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete SHERMAN, RONALD I 451 NE 207TH LANE APT 103 BLD 2 NORTH MIAMI BEACH FL 33179	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add 1100000481352 04/11/06-80029-018 150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete SHERMAN, RONALD I 451 NE 207TH LANE APT 103 BLD 2 NORTH MIAMI BEACH FL 33179	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Ronald I Sherman</i> 3/21/06 954-392-83 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					