


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P0100000750
 1. Entity Name
 VICKY SHOES, INC.



Principal Place of Business
 4251 W FLAGLER STREET
 MIAMI, FL 33134

Mailing Address
 4251 W FLAGLER STREET
 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-1066190

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NAVARRO, CATALINA I
 4251 W FLAGLER STREET
 MIAMI, FL 33134

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 _____ 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAVARRO, CATALINA I 3170 SW 8TH STREET - LOT C-311 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOMEZ, JUAN C 3170 SW 8TH STREET - LOT C-311 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000150215
 05/03/04-80218-008 150.00

DO NOT WRITE 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)(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  *JUAN C. GOMEZ - Director - 4/29/04 (20/04) - 201*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone N/A