


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90298 009 ***150.00

DOCUMENT # P01000054095		
1. Entity Name SOBE SHOE BOX CORPORATION		

Principal Place of Business 1659 MICHIGAN AVENUE MIAMI BEACH, FL 33139	Mailing Address 1659 MICHIGAN AVENUE MIAMI BEACH, FL 33139
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14012392

2. Principal Place of Business <i>1600 Washington Avenue</i>	3. Mailing Address <i>1600 Washington Avenue</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04262004 Chg-P CR2E034 (10/03)

City & State <i>Miami Beach, FL</i>	City & State <i>Miami Beach, FL</i>	4. FEI Number 65-1108922	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33139</i>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZHANG, FANG-FANG 1659 MICHIGAN AVENUE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name <i>De La Paz Jaime</i> Street Address (P.O. Box Number is Not Acceptable) <i>1600 Washington Avenue</i> City <i>Miami Beach</i> FL Zip Code <i>33139</i>	
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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: *De La Paz* (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZHANG, FANG-FANG 6757 SW 88 STREET #C-203 MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEIAPAZ, JAIME 1345 WEST AVENUE, #1004 MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>De La Paz Jaime</i> <i>1600 Washington Avenue</i> <i>Miami Beach FL 33139</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *De La Paz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #