2007 FOR PROFIT CORPORATION FILED ANNUAL REPORT Apr 18, 2007 08:00 AM Secretary of State **DOCUMENT # P01000075782** 1. Entity Name C.M.K. SHOES, INC. Principal Place of Business Mailing Address 11610 S.W. 26 CT 11610 S.W. 26 CT DAVIE, FL 33330 **DAVIE, FL 33330** US 03082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number 65-1134326 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SAGER, KENNETH D DO NOT WRITE 11610 S.W. 26 CT **DAVIE, FL 33330** 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

9. Election Campaign Financing

Trust Fund Contribution.

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee will be \$550.00

SAGER, KENNETH D

PILARTE, MIGUEL E

2601 NW 6TH AVENUE

MIAMI, FL 33127

MIAMI, FL 33127

2601 NW 6TH AVENUE

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

SIGNATURE.

10.

TILE

NAME STREET ADDRESS

JIII F

NAME

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

U00000713087 04/26/07-80076-002 150.00

DATE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

NAME		
STREET ADDRESS		,
CITY-ST-ZIP		
TITLE		
NAME 1		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that provided the provided shall have the same legal effect as if made under oathy that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report of required by Chapter 607, Florida Statutes; and that provided in the provided by Chapter 607, Florida Statutes; and that provided in the provided by Chapter 607, Florida Statutes; and that provided in the provided by Chapter 607, Florida Statutes; and that provided in the provided by Chapter 607, Florida Statutes; and that provided by Chapter 607, Florida Statutes.		
l	SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT	Deta Deytime Phone 9

(NOTE: Registered Agent signsture required when reinstating)

\$5.00 May Be

Added to Fees