..... FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000019898					. 5-	
ANN'S SHOES, INC.				FILED		
DO NOT WRITE IN THIS SPACE				03 OCT 31 PM 3: 08 SECRETARY OF STATE FLORIDA		
				SECRETARY DE STATE		
Principal Place of Business 3. Mailing Address						
4379 W 16 Ave					TO TOO NO OWNITE IN THIS SPACE ON	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DENDIN		
City & Stat Hial	eah,Fl.	City & State			Applied For Not Applied For Not Applied Applied For	
Zip	; Country	Zip	Country	<i>!</i>	5. Certificate of Status Desired \$8.75 Additional	
3301	2 USA	<u></u>	<u> </u>		7. Name and Address of Current Registered Agent	
			ļ	Name	7587	
DO NOT WRITE Street Add					liana Jimenez (FO Box Number is Not Acceptable)	
					79 West 16 Ave	
•	IN THIS SF	ACE				
. **			ļ.,	City	aleah FL Zip Code 33012	
8. The above named entity submits this statement for the purpose of changing its (
Tax filing t	oration is eligible to satisfy its Intangible requirement and efects to do so. ()	January 1 - M After May Amende Make Check Payat	1, Fee is	\$550.00 \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
11.	OF FICERS AND		L			
TITLE NAME SIREET ADDRESS CHY-ST-ZIP	PD Juliana Jimenez 4379 W 16 Ave Hialeah,Fl.33012		THLE NAME SIREET CITY-SI	ADURESS	600024577646 11/12/0301002016 **150.00	
THLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D Fredy A.Garcia 4379 W 16 Ave Hialeah,Fl.33012		TITLE NAME	address		
TITLE			THTLE			
NAME	-		NAME	***********		
STREET ADDRESS ONY-ST-ZIP			CITY-SI	ADDRESS	DO NOT WRITE	
HRE		. 19 19	HILE			
NVWF			NAME		IN THIS SPACE	
STREET ADDRESS				ADDRESS		
CHY-ST-ZIP			CITY-\$1	- ZIP		
NAME			TITLE			
NAME STREET ADDRESS			NAME Simelia	ADURESS		
CITY \$1-7IP			CITY- ST	ſ		
TOTALE			TITLE			
NAMS			NAME	-unpree		
STITEE LADIDRESS CHY ST-ZIP			STREET A	ADDRESS .		
	<u> </u>			I		

^{13.} Thereby certify that the information supplied with this filing does not qualify for the exemption stored in Section 119.07(3)(i). Florida Statutes. Infurther 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 mode 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 11 or on an attachment with an address, with all other like empowered.

ANN'S SHOES, INC. 4379 WEST 16 AVENUE HIALEAH, FLORIDA 33012

Miami, October 29, 2003

Division of Corporation Uniform Business Report P.O. Box 1500 Tallahassee, Fl 32302-1500

Dear Sir:

This letter is to inform you that we never received the original form to be file before May 1st, 2003. I will appreciate very much if you received and accept our check in the amount of \$ 150.00 as payment of the Corporation Uniform Business Report for year 2003.

I appreciate your help to resolve this matter.

Sincerely your:

yuliana Jime