2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # P02000025957 1. Entity Name MANATEE SHOE REPAIR, INC.								04-25-20	007 9018	9 047 ***:	150.00
Principal Place of Business 5917 MANATEE AVE. W, #507 BRADENTON, FL 34209			9	lailing Address 5917 MANATEE AVE. 1 BRADENTON, FL 3420	,	, , , , , , , , , , , , , , , , , , , ,					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04212007	Chg-P	CR2E	034 (12/06)	
City & State				City & State		4. FEI Numb				oplied For of Applicable	
Zip	Country			Zip Count		itry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Re				tered Agent		Name	7. Name and	Address of New	Registered	Agent	
KIM, CHONG SIK						19dillo					
5917 MANATEE AVE. W, #507 BRADENTON, FL 34209						Street Address (P.O. Box Numb	er is Not Acceptab	ole)		
· ,										T == = =	
						City			FL	Zip Code	e
 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE											
, , , , , , , , , , , , , , , , , , ,							• •				
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Adde											
10.	OFFICERS AND D			CTORS		ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11	
TITLE NAME	D KIM, CHO	ING SIK '		☐ Delete	TITLE					Change	Addition
STREET ADDRESS		NATEE AVE. W, #507			E1 ADDRESS						
CITY-\$1-ZIP	BRADENTON, FL: 34209				- S1- ZIP						
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12 hereby r	certify that the	e information supplied wit	h this f	iling does not qualify to		- \$1-ZIP	t in Chapter 11	9. Florida Statutos	I further co	atifu that the in	Mormatics
12. Thereby certify that the information supplied with this filling 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 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: 4/20/07											
SIGNAI	UKE: _	SIGNATURE AND TYPED OR	PRINTE	NAME OF SIGNING OFFICER	OR DIRECT	TOR		Date .		Daylime Phone #	