


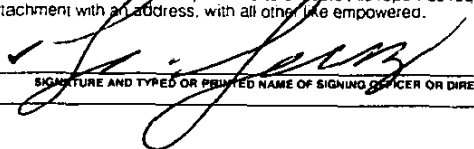


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90306 010 \*\*\*150.00

<b>DOCUMENT # P02000032074</b>					
<b>1. Entity Name</b> SCHMIDT IRMAOS FOOTWEAR INC.					
<b>Principal Place of Business</b> 7300 CORPORATE COURT DRIVE # 713 MIAMI, FL 33126			<b>Mailing Address</b> 7300 CORPORATE COURT DRIVE # 713 MIAMI, FL 33126		
<b>2. Principal Place of Business</b> 6100 Hollywood Blvd. Suite, Apt. #, etc. 207		<b>3. Mailing Address</b> 6100 Hollywood Blvd. Suite, Apt. #, etc. 207			
City & State Hollywood FL		City & State Hollywood FL		<b>4. FEI Number</b> 03-0426513	
Zip 33024		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SZENTTAMASY, EGON 200 S ORANGE AVE, SUNTRUST CENTER #2300 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 6100 Hollywood Blvd Suite 207 City Hollywood FL Zip Code 33024		
<b>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.</b>					
SIGNATURE  _____ <small>Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST BLOS, ARMIN RUDY AV. BRAZIL, 3507 CAMPO BOM-RS BRAZIL, 93700000		TITLE NAME STREET ADDRESS CITY - ST - ZIP	6100 Hollywood Blvd, Suite 207 Hollywood FL 33024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZENTTAMASY, EGON S 7300 CORPORATE COURT DRIVE, SUITE 713 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY - ST - ZIP	6100 Hollywood Blvd, Suite 207 Hollywood FL 33024	
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	
<b>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 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.</b>					
<b>SIGNATURE:</b>  <b>EGON SZENTTAMASY</b> 914-322-6228 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					