

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035118

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Entity Name:** GOLDEN SHOE CAPITAL, INC.

**Current Principal Place of Business:**

690 LINCOLN ROAD  
SUITE 202  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

690 LINCOLN ROAD  
SUITE 202  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 30-0069689      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFANO, THOMAS D  
690 LINCOLN ROAD  
SUITE 202  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

WALLACE, C P  
690 LINCOLN ROAD  
SUITE 202  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: CPW \_\_\_\_\_ 01/08/2008  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALLACE, CHARLES P  
Address: 690 LINCOLN ROAD, STE 202  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. PETER WALLACE \_\_\_\_\_ PD 01/08/2008  
Electronic Signature of Signing Officer or Director      Date