

2008

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90374 040 \*\*\*150.00

DOCUMENT # **P020006 53386**

1. Entity Name

**HALLANDALE SHOE REPAIRS, Inc**



**DO NOT WRITE IN THIS SPACE**

**40085985**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**801 NE 172<sup>ND</sup> TERRACE**

CR2E034B (5/07)

City & State

City & State

**NORTH MIAMI BEACH FL**

Zip

Country

Zip

Country

**33162-2128**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Applied For

Not Applicable

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS

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IN THIS SPACE**

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 duly authorized person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 on an attachment with an address which will not be employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/11/08 754-455-4704**