

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000075477

FILED
Apr 15, 2008
Secretary of State

Entity Name: BARE FEET OF FLORIDA, INC.

Current Principal Place of Business:

C/O ERNEST L. MASCARA
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

C/O ERNEST L. MASCARA
PO BOX 266
ST. PETERSBURG, FL 33731 US

New Principal Place of Business:

BARE FEET OF FLORIDA, INC.
18361 N.W. 27TH AVENUE
MIAMI, FL 33056 US

New Mailing Address:

BARE FEET OF FLORIDA, INC.
18361 N.W. 27TH AVENUE
MIAMI, FL 33056 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

SHAYNER, SHARON
18361 N.W. 27TH AVENUE
MIAMI, FL 33056 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: SHARON SHAYNER

04/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: DUKE, MEIR A
Address: 7C GWYNNS MILL COURT
City-St-Zip: OWINGS MILLS, MD 21117

Title: VP () Delete
Name: SHEYNER, SHARON
Address: 3025 NORTH 36TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SHAYNER, SHARON
Address: 18361 N.W. 27TH AVENUE
City-St-Zip: MIAMI, FL 33056 US

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: SHARON SHAYNER

VP

04/15/2008

Electronic Signature of Signing Officer or Director

Date