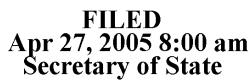
2005 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P02000105779 1. Entity Name A & E SHOE STORE CORP.) 		90335 030 ***1	
Principal Place of Business 11826 NW 10 AVE MIAMI, FL 33168		Mailing Address 11826 NW 10 AVE MIAMI, FL 33168						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192005	Chg-P	CR2E034_(10/03	3)	
City & State		City & State			4. FEI Numbe 75-308		}+	Applied For Not Applicable
Zip	Country	Zip	Zip Country		<u> </u>	of Status Desired	□ \$8.75 A Fee Requi	Additional
	6. Name and Address of Current	t Registered Agent		Name -	7. Name and	Address of New R	legistered Agent	
MEHMOOD, AMY 7190 SW 14 STREET				Street Address (P.O. Box Number is Not Acceptable)				
	KE PINES, FL 33023		}			, 7 4ve.		
		ŀ	City - 0			₽ Zip.Ci	nde	
9 The above	named entity submits this statement f	for the numose of changing its	registere	MILAN	red agent, or bo	th in the State of Fig.	orida. Lam familiar wit	th and accept
	tions of registered agent. \$1000 & October	-ay		d dilico di Toglicia.	ido agoin, or co.		4-19-05	
Oldiers C.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered	d Agent signature required	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Contr	-		.00 May Be led to Fees			
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	TICERS AND DIRECTO	
TITLE NAME	│ PD │ DE LOS SANTOS, ALEXAÑDEF	☐ Delete R	TITLE NAME				☐ Chang	e Addition
STREET ADDRESS CITY-ST-ZIP	19800 NW 7 AVE			ET ADDRESS - ST- ZIP				
IIILE	MIAMI, FL 33169	☐ Delete	TITLE	····			☐ Change	e 🔲 Addition
NAME	DE LA CRUZ, ROSA E		NAME	E			•	<u>-</u> _
STREET ADDRESS CITY-ST-ZIP	19800 NW 7 AVE MIAMI, FL 33169			ET ADDRESS -St-zip				
TITLE		☐ Delete	TITLE	I			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS			NAME STREE	E Et address				
CITY-ST-ZIP				-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME	1			☐ Chang	e Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Chang	e Addition
NAME STREET ADDRESS			NAME STREE	E Et address				
CITY-ST-ZIP				-ST-ZIP			·	
TITLE NAME		☐ Delete	TITLE NAME	l l			Chang	e 🗌 Addition
STREET ADDRESS			STREE	ET ADDRESS -ST-ZIP				
12. I hereby indicated of the cor	certify that the information supplied wild on this report or supplemental report or progration or the receiver or trustee empty.	is true and accurate and that report	or the exer my signate t as requir	mption stated in Se ture shall have the	same legal effec	ct as if made under	oath; that I am an offic	cer or director
changed	I, or on an attachment with an address	s, with all other like empowered	d.					
SIGNAT	FURE: SIGNATURE AND TYPED OF	I Vielo Cry	A OR DURECT	ror		4_19-05 Date	Deytime Phone	
	,						,	_