

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000111599 1. Entity Name ITALIAN DESIGN FOOTWEAR, INC.	
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Principal Place of Business 100 N. BISCAYNE BLVD. SUITE 700 MIAMI, FL 33132	Mailing Address 100 N. BISCAYNE BLVD. SUITE 700 MIAMI, FL 33132
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04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3681362	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FILLOY, JOSEPH M 100 N. BISCAYNE BLVD. SUITE 700 MIAMI, FL 33132
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000117402

04/19/04-80019-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILLOY, JOSEPH M 100 N. BISCAYNE BLVD. #700 MIAMI, FL 33132
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an other like empowered.

SIGNATURE:  J.M. Filloy 4/15/04 305-373-7575
SIGNATURE _____ DATE _____ DAYTIME PHONE _____