

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-02-2005 90079 020 ***150.00

DOCUMENT # P02000117547

1. Entity Name
FOOT FLAIR SHOES, INC.



Principal Place of Business
**9530 HARDING AVE
SURFSIDE, FL 33154**

Mailing Address
**9530 HARDING AVE
SURFSIDE, FL 33154**

66009316



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **11-3660993** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINTRUB, SAUL C
9530 HARDING AVE
SURFSIDE, FL 33154**

**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 re-issuing) DATE _____

**FILE NOW!!! FEES \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHAKURY, AHARON
STREET ADDRESS	9530 HARDING AVE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	DVST
NAME	WINTRUB, SAUL C
STREET ADDRESS	9530 HARDING AVE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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, with all other like empowered.

SIGNATURE: AHARON SHAKURY 4-7-05 305-866-3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #