2<u>008</u> FOR PROFIT CORPORATION ANNUAL REPORT FILED Feb 25, 2008 08:00 AN **DOCUMENT # P02000117547** Secretary of State 1. Entity Name FOOT FLAIR SHOES, INC. Mailing Address Principal Place of Business 9530 HARDING AVE 9530 HARDING AVE SURFSIDE, FL 33154 SURFSIDE, FL 33154 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 11-3660993 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WINTRUB, SAUL C DO NOT WRITE 9530 HARDING AVE SURFSIDE, FL 33154 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00

Trust Fund Contribution.

U00000838421 03/05/08-80029-017 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

STREET ADDRESS	j
CITY-ST-ZIP	
TITLE	
NAME	/ I
STREET ADDRESS	
CITY-ST-ZIP	
	that my signature shall have the same legal effect as if made under oath; teport as required by Chapter 607, Florida Statutes; and that my name app

er certify that the information that I am an officer or director lears in Block 10 or Block 11 if changed, or on an attachment with

Added to Fees

SIGNATURE:

After May 1, 2008 Fee will be \$550.00

SHAKURY, AHARON 9530 HARDING AVE

SURFSIDE, FL 33154

10. TITLE NAME

TITLE

STREET ADDRESS CITY-\$T-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

OFFICERS AND DIRECTORS

SIGNATURE AND TYPED OR PRINTED NAME OF

leh SHAKURYO

Daytime Phone #