

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90073293

DOCUMENT # P02000122870 1. Entity Name EGUZZI SHOES, CORP.	
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Principal Place of Business 18690 NW 51 AVE MIAMI, FL 33055	Mailing Address 18690 NW 51 AVE MIAMI, FL 33055
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2. Principal Place of Business 18590 NW 51 AVE	3. Mailing Address 18590 NW 51 AVE
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CHECK HERE IF MAKING CHANGES

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 01-0755577	Applied For - Not Applicable
Zip 33055	Country	Zip 33055	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PASCUAL, JUAN C 18690 NW 51 AVE MIAMI, FL 33055

7. Name and Address of New Registered Agent Name LUISA REDONDO Street Address (P.O. Box Number is Not Acceptable) 18590 NW 51 AVE City MIAMI FL 33055
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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 <input checked="" type="checkbox"/> <i>Luisa Redondo</i>	DATE 3-28-03
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FILING FEE IS \$260.00
 After May 1, 2003, Fee will be \$350.00
 Make Check Payable to FIDELITY DEPARTMENT OF STATE

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input checked="" type="checkbox"/> DP NAME PASCUAL, JUAN C STREET ADDRESS 18690 NW 51 AVE CITY-ST-ZIP MIAMI, FL 33055	<input checked="" type="checkbox"/> Delete
TITLE <input type="checkbox"/> DP NAME REDONDO, LUISA R STREET ADDRESS 18690 NW 51 AVE CITY-ST-ZIP MIAMI, FL 33055	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DP NAME REDONDO, LUISA STREET ADDRESS 18590 NW 51 AVE CITY-ST-ZIP MIAMI FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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 <input checked="" type="checkbox"/> <i>Luisa Redondo</i>	DATE 3-28-03 786-356-9768
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CR2E034 (10/02)