2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 01, 2006 08:00 AM DOCUMENT # P92000124819 Secretary of State 1. Entity Name SHOE KING #2 INC. Principal Place of Business Mailing Address 321 N UNIVERSITY DRIVE 321 N UNIVERSITY DRIVE PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 56-2304749 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZHANG, FANG-FANG Street Address (P.O. Box Number is Not Acceptable) 6757 SW 88 STREET #C-203 **MIAMI FL 33156** Zip Code 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 primed name of registered agant and title if applicable (NOTE. Registered Agent signature required when reinstability) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DEST ☐ Delete TITLE ☐ Change ☐ Addition NAME ZHANG, FANG-FANG MAME STREET ADDRESS 6757 SW 88 STREET #C-203 STREET ADDRESS UDD0000451203 CHY-SI-ZIP MIAMI FL 33156 03/10/06 80043-024 150.00 CITY-ST-ZIP TITLE D Celete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP HILL ☐ Delete TSSLE ☐ Change Addition MARKET MAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITS F ☐ Citange Addition | NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE T)315 Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CATY-ST-79 CITY-ST-ZIP TITLE ☐ Delete 7177.E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Fforida 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 tustee empowered to execute this epont 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.

FILED

25/06