
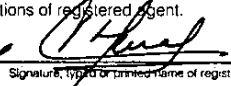
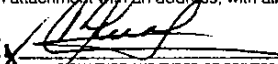


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90049 044 \*\*\*158.75

<b>DOCUMENT # P02000132392</b> 1. Entity Name <b>SHOES 4 US, INC.</b>					
Principal Place of Business <b>1715 CORAL WAY SUITE 104 CORAL GABLES, FL 33145-2728 US</b>			Mailing Address <b>1715 CORAL WAY SUITE 104 CORAL GABLES, FL 33145-2728 US</b>		
2. Principal Place of Business <b>7601 E Treasure Drive</b> Suite, Apt. #, etc. <b>402</b>		3. Mailing Address <b>P.O. BOX 450971</b> Suite, Apt. #, etc.			
City & State <b>North Bay Village, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33141</b>		Country <b>USA</b>		Zip <b>33245-0971</b>	
Country <b>USA</b>		4. FEI Number <b>14-1861982</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MENA, CRISTOBAL G 1715 CORAL WAY SUITE 104 CORAL GABLES, FL 33145-2728</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7601 E Treasure Drive,</b> <b>Apt. 402</b> City <b>North Bay Village</b> <b>FL</b> Zip Code <b>33141</b>	
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 		<b>Cristobal G. Mena</b>		<b>03/02/05</b>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>MENA, CRISTOBAL</b> <input type="checkbox"/> Delete <b>10290 NW 9 ST APT 311</b> <b>MIAMI, FL 33172</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>MENA, CRISTOBAL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7601 E Treasure Drive, # 402</b> <b>North Bay Village, FL 33141</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 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 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 			<b>CRISTOBAL G. MENA P/S/T/D 03/02/05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40037457



03032005 Chg-P CR2E034 (10/03)