

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90004 038 ***150.00

DOCUMENT # P03000018207

1. Entity Name
SHOE REPAIR PLUS #2, INC.



Principal Place of Business
**15968 LAUREL OAK CIRCLE
DELRAY BEACH, FL 33484**

Mailing Address
**15968 LAUREL OAK CIRCLE
DELRAY BEACH, FL 33484**

50058262



2. Principal Place of Business

**9786 BLADES RD
SUITE, APT. #, ETC.
BOCA RATON
FLORIDA
33434**

3. Mailing Address

**15968 LAUREL OAK CIRCLE
SUITE, APT. #, ETC.
DELRAY BEACH
FLORIDA
33484**

07202005 Chg-P CR2E034 (10/03)

4. FEI Number
81-0602582

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAYA, GREG
15968 LAUREL OAK CIRCLE
DELRAY BEACH, FL 33484**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 807.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
RAYA, GREG
15968 LAUREL OAK CIRCLE
DELRAY BEACH, FL 33484**

☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Greg RAYA **Greg RAYA** 7/23/05 561-638-4999