

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 8:00 am
Secretary of State

04-22-2004 90070 028 ***150.00

DOCUMENT # P03000038166 1. Entity Name ANNIA'S DISCOUNT SHOES, INC.					
Principal Place of Business 12142 NW 35 ST SUNRISE, FL 33323 US			Mailing Address 12142 NW 35 ST SUNRISE, FL 33323 US		
2. Principal Place of Business 10137 W. Oakland Pk Blvd Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State SUNRISE			City & State 		
Zip 33351		Country FLORIDA		4. EEI Number 51-0457076	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERNAL, LUIS 12142 NW 35 ST SUNRISE, FL 33323			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 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	P BERNAL, LUIS 12142 NW 35 ST SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RAMIREZ, ANNIA 12142 NW 35 ST SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Luis Bernal (Principal) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/16/04 954-274-3496 Date Daytime Phone #		

66421573



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