

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000041037

1. Entity Name
BRANIER ORTHOPEDIC CUSTOM MOLDED SHOES, INC.



Principal Place of Business

10301 N.W. 50 ST.
SUITE 109
SUNRISE, FL 33351

Mailing Address

10301 N.W. 50 ST.
SUITE 109
SUNRISE, FL 33351



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1882184

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, KEITH
10301 N.W. 50 ST.
SUITE 109
SUNRISE, FL 33351

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IN THIS SPACE**

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000541390
05/10/06-80016 004 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PATRICIA, COLLINS
10301 N.W. 50 ST. SUITE 109
SUNRISE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLLINS, KEITH
10301 N.W. 50 ST. SUITE 109
SUNRISE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LANIER, KAREN K
10301 N.W. 50 ST. SUITE 109
SUNRISE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

[Signature] 4-19-06 9547272687