

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90034 048 ***150.00

DOCUMENT # P03000046782					
1. Entity Name SHOES PALACE INC					
Principal Place of Business 1423 SW 48TH TERR. DEERFIELD BCH, FL 33442			Mailing Address 1423 SW 48TH TERR. DEERFIELD BCH, FL 33442		
2. Principal Place of Business 1117 South Military Trail Suite, Apt. #, etc.		3. Mailing Address 1117 South Military Trail Suite, Apt. #, etc.			
City & State DEERFIELD BEACH FL		City & State DEERFIELD BEACH FL		4. FEI Number 33-1056767	
Zip 33144		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERDOMO, LUIS 1423 SW 48TH TERR. DEERFIELD BCH, FL 33442			7. Name and Address of New Registered Agent Name: MERCEDES PERDOMO Street Address (P.O. Box Number is Not Acceptable): 1430 NE 170 St. Apt. 222 City: North Miami Beach FL Zip Code: 33162		
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: DATE: 2-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE PTD NAME PERDOMO, LUIS STREET ADDRESS 1423 SW 48TH TERR. CITY-ST-ZIP DEERFIELD BCH, FL 33442	<input checked="" type="checkbox"/> Delete				
TITLE VSD NAME PERDOMO, MANUEL STREET ADDRESS 1423 SW 48TH TERR. CITY-ST-ZIP DEERFIELD BCH, FL 33442	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE PTD NAME PERDOMO MERCEDES STREET ADDRESS 1430 NE 170 St. Apt. 222 CITY-ST-ZIP North Miami Beach Zip-33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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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"/> 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: DATE: 2-11-04 DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					