


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90027 050 ***150.00

DOCUMENT # P03000062342

1. Entity Name
OPPORTUNITY SHOES, INC.



Principal Place of Business
200 SOUTH BISCAYNE BLVD 43RD FLOOR MIAMI, FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD 43RD FLOOR MIAMI, FL 33131

2. Principal Place of Business
7100 N.W. 12th ST
 Suite, Apt. #, etc. **210**

3. Mailing Address
7100 N.W. 12th ST
 Suite, Apt. #, etc. **210**



01082004 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33126 Country **USA**

Zip
33126 Country **USA**

4. FEI Number
20-0186049

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD 43RD FLOOR MIAMI, FL 33131

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 \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D KRAY, CARLOS E
STREET ADDRESS	200 SOUTH BISCAYNE BLVD 43RD FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P KRAY, CARLOS E.
STREET ADDRESS	7100 N.W. 12th ST # 210
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  Pres **2-9-04** **305-418-0022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #