
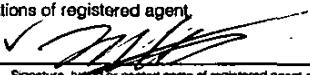
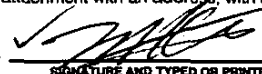


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

01-18-2005 90064 012 ***150.00

DOCUMENT # P04000025901					
1. Entity Name SHOE WORLD, INC.					
Principal Place of Business 2050-C N FEDERAL HWY POMPANO BEACH, FL 33062			Mailing Address 2050-C N FEDERAL HWY POMPANO BEACH, FL 33062		
2. Principal Place of Business 1671 NE 163 rd Street Suite, Apt. #, etc.		3. Mailing Address 3451 SW 177 Avenue Suite, Apt. #, etc.			
City & State N. Miami Beach, FL Zip 33162 Country Miami-Dade		City & State Miramar, Florida Zip 33162 Country Broward		4. FEI Number 20-0714705 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01132005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WANG, SHAOJUN 2050-C N FEDERAL HWY POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name Wang, Shaojun Street Address (P.O. Box Number is Not Acceptable) 1671 NE 163 rd street City N. 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 3-11-05 <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, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME WANG, SHAOJUN STREET ADDRESS 3451 SW 177 AVENUE CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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)(f), 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 3-11-05 Daytime Phone # (305) 572-9388		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					