

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90119 040 ***150.00

DOCUMENT # P04000060981

1. Entity Name

SURE FOOT OF FLORIDA, INC.



Principal Place of Business

23337-D SW 61ST AVE.
BOCA RATON FL 33428

Mailing Address

23337-D SW 61ST AVE.
BOCA RATON FL 33428

2. Principal Place of Business

23297 Water Circle

Suite, Apt. #, etc.

3. Mailing Address

23297 Water Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL 33486

Zip

33486

Country

USA
Palm Beach

Zip

33486

Country

USA

4. FEI Number

75-3152650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

SILVERMAN, STANLEY
23297 WATER CIRCLE
BOCA RATON FL 33486

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/14/06
DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SILVERMAN, LOUIS
STREET ADDRESS 23337-D SW 61ST AVE.
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VP ☐ Delete
NAME SILVERMAN, STANLEY
STREET ADDRESS 23297 WATER CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE SEC ☐ Delete
NAME SILVERMAN, STANLEY
STREET ADDRESS 23297 WATER CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE TRES ☐ Delete
NAME SILVERMAN, LOUIS
STREET ADDRESS 23337-D SW 61ST AVE.
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Stanley Silverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/06 561-750-3473