



**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

50046015

<b>DOCUMENT # P04000079133</b>				05-02-2005 90530 009 ***150.00	
1. Entity Name <b>EL ESTILO SHOES &amp; ACCESSORIES, INC.</b>					
Principal Place of Business <b>1946 SOUTHWEST 8 STREET MIAMI, FL 33135</b>		Mailing Address <b>1946 SOUTHWEST 8 STREET MIAMI, FL 33135</b>		<b>50046015</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>20-1697423</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROBOZO, CARLOS 1946 SOUTHWEST 8 STREET MIAMI, FL 33135</b>				7. Name and Address of New Registered Agent Name <b>HUGO CARLOS ARBUCIAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1946 South West 8 Street</b> City <b>MIAMI</b> FL Zip Code <b>33135</b>	
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 <u>Hugo V. Arbu</u> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/29/05</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME REBOZO, CARLOS STREET ADDRESS 1946 SOUTHWEST 8 STREET CITY-ST-ZIP MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete			TITLE PD NAME HUGO CARLOS ARBUCIAS STREET ADDRESS 1946 SOUTH WEST 8 ST CITY-ST-ZIP MIAMI, FL 33135 <input checked="" 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		
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)(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: <u>Hugo V. Arbu</u> DATE <b>4/29/05</b> (305) 642-2002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					