P04000132733

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2005 APR 29 PH 12: 05

R. A. ERO 5-6-05

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: MAYTE SHOES CORP. (Name of corporation)			
DOCUMENT NUMBER: 504A00055871			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
SUZEL CAETANO (Name of contact person)			
-SUZEL CAETANO 3450 SW 9TH TER. OFF 2 MrAMI, FL 33135 (Address)			
(City/state and zip code) For further information concerning this matter, please call:			
at (
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FLORIDA tered agent, or both, in the State of Florida.
1. The name of	the corporation: MAYTEE SHOES COR	P.
	office address: 817SW 8ST MIAMI,FLC	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 09/22/2004	Document number: P04000132733
	d street address of the current registered a rtment of State:	gent and registered office on file with the
	CARLOS DIAZ	75. 7
	817SW 8ST # 1 MIAMI-FLORIDA, 33	APR 29
6. The name and (if changed):	d street address of the new registered ages	130 TALLAHAS SECRETARY OF STATE OF STA
	817SW 8ST # 1 MIAMI-FLORIDA, 331	
	(P.O. Box NOT acceptable)	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an officer so stitled in writing of the change.
Mas	sic of an officer or director)	CARLOS DIAZ (Printed or typed name and tifle)
——————————————————————————————————————	•	d agree to act in this capacity utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
Jusel	Cartano grature of Registered Agent)	04/26/2005 (Date)
If signing on be	half of an entity:	
CARLOS DIAZ		
(1)	yped or Printed Name)	

* * * FILING FEE: \$35.00 * * *