


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90129 016 ***150.00

DOCUMENT # P04000143461		
1. Entity Name SEASON SANDALS INC.		

Principal Place of Business 5108 SAUTH STATE RD. 7 FT. LAUDERDALE, FL 33314	Mailing Address 5108 SAUTH STATE RD. 7 FT. LAUDERDALE, FL 33314
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14015833

2. Principal Place of Business 5126 STATE ROAD 7 Suite, Apt. #, etc.	3. Mailing Address 5126 STATE ROAD 7 Suite, Apt. #, etc.
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03292005 Chg-P CR2E034 (10/03)

City & State DAVIE, FL.	City & State DAVIE FLORIDA
Zip 33314	Country

4. FEI Number 35-2238150	Applied For Not Applicable
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6. Name and Address of Current Registered Agent TORRES, CAMILO 2141 NORTH 58TH AVE. HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent Name MARLENY RICHARD Street Address (P.O. Box Number is Not Acceptable) 5126 STATE ROAD 7 City DAVIE FL Zip Code 33314	
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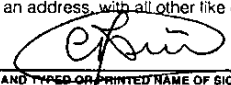
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, CAMILO 2141 NORTH AVE. HOLLYWOOD, FL 33021 <input checked="" 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	D RICHARD, MARLENY 2141 NORTH 58TH AVE. HOLLYWOOD, FL 33021 <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

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:  3-29-05 954-7975933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #