


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90002 020 \*\*\*150.00

**DOCUMENT # P04000152651**

1. Entity Name  
 THE SHOE BOX OF BOCA, INC.



Principal Place of Business      Mailing Address  
 419 SOUTH OYSTER BAY RD.      419 SOUTH OYSTER BAY RD.  
 PLAINVIEW, NY 11803      PLAINVIEW, NY 11803

2. Principal Place of Business      3. Mailing Address  
 9858 Clint Moore Road  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Boca Raton FL      Boca Raton FL

Zip      Country      Zip      Country  
 33496      USA



08042006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 38-3711483      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
 LEVITT, JACKIE  
 311 RUNNING WIND LANE  
 MAITLAND, FL 32751

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees  
      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCHENBAUM, RICHARD	NAME	
STREET ADDRESS	419 SOUTH OYSTER BAY RD.	STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW, NY 11803	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: \_\_\_\_\_      7/20/06      (516) 931-9841