

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90376 015 ***150.00

DOCUMENT # P04000156536

1. Entity Name
CRAMBER SHOES CORP.



Principal Place of Business
**15001 S.W. 91 TERR.
MIAMI, FL 33196**

Mailing Address
**15001 S.W. 91 TERR.
MIAMI, FL 33196**

2. Principal Place of Business
4372 SW 145 AVE
Suite, Apt. #, etc.

3. Mailing Address
4372 SW 145 AVE
Suite, Apt. #, etc.



04112006 Chg-P CR2E034 (11/05)

City & State
MIAMI FL
Zip
33175 Country

City & State
MIAMI FL
Zip
33175 Country

4. FEI Number
20-1889073 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEDOYA, JOSE D P
15001 S.W. 91 TERR.
MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name
BEDOYA, JOSE D
Street Address (P.O. Box Number is Not Acceptable)
4372 SW 145 AVE
City
MIAMI FL Zip Code
33175

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)

DATE

04/11/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	BEDOYA, JOSE D	15001 S.W. 91 TERR.	MIAMI, FL 33196	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4372 SW 145 AVE	MIAMI FL 33175	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE D BEDOYA - PRES **04/11/06**

Date

Daytime Phone #