

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90139 005 \*\*\*150.00

<b>DOCUMENT # P05000048971</b> 1. Entity Name <b>SHOE FETISH, INC.</b>			
Principal Place of Business <b>11490 SW 20 STREET MIRAMAR, FL 33025</b>		Mailing Address <b>11490 SW 20 STREET MIRAMAR, FL 33025</b>	
2. Principal Place of Business <b>1457 Miramar Parkway</b>		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miramar, FL</b>		City & State 	
Zip <b>33027</b>		Country <b>USA</b>	
4. FEI Number <b>20-2604245</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, LINNETTE 11490 SW 20 STREET MIRAMAR, FL 33025</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, LINNETTE 11490 SW 20 STREET MIRAMAR, FL 33025	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1457 Miramar Parkway Miramar, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a copy of the original.			
SIGNATURE:		Date <b>2/6/06</b> Daytime Phone # <b>(954) 443-5116</b>	