

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P05000052656

1. Entity Name
THE SHOE SPA, INC.



Principal Place of Business
**11701 LAKE VICTORIA GARDENS DR
3106
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**11870 STONEHAVEN WAY
WEST PALM BEACH, FL 33412 US**



02022008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2658399

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEINGARTEN, JOHN W
11870 STONEHAVEN WAY
WEST PALM BEACH, FL 33412**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U000000863119
04/03/08-80079-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D,P
NAME	WEINGARTEN, JOHN W
STREET ADDRESS	11870 STONEHAVEN WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

TITLE	D,VP
NAME	WEINGARTEN, BETH L
STREET ADDRESS	11870 STONEHAVEN WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

TITLE	DTS
NAME	WEINGARTEN, MICHAEL D
STREET ADDRESS	11870 STONEHAVEN WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

TITLE	D
NAME	WEINGARTEN, SEAN
STREET ADDRESS	11870 STONEHAVEN WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

TITLE	D
NAME	WEINGARTEN, BRENT J
STREET ADDRESS	11870 STONEHAVEN WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **MICHAEL WEINGARTEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/08 **561-775-6113**
Date Daytime Phone #