




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90193 034 \*\*\*150.00

<b>DOCUMENT # P05000079909</b> 1. Entity Name <b>SHOE TIME INC.</b>					
Principal Place of Business <b>18200 NW 27TH AVE. MIAMI, FL 33056</b>			Mailing Address <b>18200 NW 27TH AVE. MIAMI, FL 33056</b>		
2. Principal Place of Business - No P.O. Box # <b>15054 NW 7<sup>th</sup> Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>2124 SW 185 Ave</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miramar, FL</b>		4. FEI Number <b>65-0960837</b>	
Zip <b>33168</b>		Country <b>Miami-Dade</b>		Zip <b>33029</b>	
Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>REVIVO, MICHAEL 18200 NW 27TH AVE. MIAMI, FL 33056</b>				7. Name and Address of New Registered Agent Name <b>Wagas Malik</b> Street Address (P.O. Box Number is Not Acceptable) <b>2124 SW 185 Ave</b> City <b>Miramar</b> <b>FL</b> Zip Code <b>33029</b>	
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 <b>04-20-07</b> <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, 2007 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 REVIVO, MICHAEL 18200 NW 27TH AVE. MIAMI, FL 33056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wagas Malik 2124 SW 185 Ave Miramar, FL 33029	<input type="checkbox"/> Change <input checked="" 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 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 			Date <b>04-20-07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		