


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90013 002 ***150.00

DOCUMENT # P05000119686	
1. Entity Name MIAMI SHORES FOOT CENTER, INC.	

Principal Place of Business 1814 NE MIAMI GARDENS DR, #701 NORTH MIAMI BEACH, FL 33179	Mailing Address 1814 NE MIAMI GARDENS DR, #701 NORTH MIAMI BEACH, FL 33179
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60009399



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062006 Chg-P CR2E034 (11/05)

4. FEI Number 65099397	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HASPEL, ARTHUR C DPM 1814 NE MIAMI GARDENS DR, #701 NORTH MIAMI BEACH, FL 33179	
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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 <i>Arthur Carl Haspel</i>	DATE <i>1/27/06</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HASPEL, ARTHUR C DPM 1814 NE MIAMI GARDENS DR, #701 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Arthur Carl Haspel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	President <i>1/27/06 9542056304</i> Date Daytime Phone #