

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000040366

1. Entity Name
SHOE SOURCE TAMPA, INC.



Principal Place of Business
2525 E. HILLSBOROUGH AVE.
TAMPA, FL 33610 US

Mailing Address
2124 SW 185 AVE
MIRAMAR, FL 33029 US

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4527553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WAHID, KHURRUM B
3191 CORAL WAY
SUITE 406
MIAMI, FL 33145

**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.

000000955657
07/18/08-80006-021 150.00

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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MALIK, WAQAS
STREET ADDRESS 2124 SW 185 AVE.
CITY - ST - ZIP MIRAMAR, FL 33029

TITLE VP
NAME WAQAS, ARIFA
STREET ADDRESS 2124 SW 185 AVE
CITY - ST - ZIP MIRAMAR, FL 33029

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STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/2008