2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 30, 2007 8:00 am Secretary of State 4/! DOCUMENT # P06000121955 04-09-2007 90043 030 \*\*\*150.00 1. Entity Namo FOOT SOLDIERS, INC. Principal Place of Business Mailing Address 100 SE FIRST AVE 4962 SHERIDAN ST PPATTAAA HOLLYWOOD FL 33021 MIAMI FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suile, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2F034 (10/06) City & State City & State 4. FEI Number Applied For 02-0787036 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALMAN, MARTIN Street Address (P.O. Box Number is Not Acceptable) 17290 NE 19TH AVE N MIAMI BEACH FL 33162 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or protect notice of regulation agent and title in applicables [NOTE Registered Agent signature required when to installing CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Delete Mill ☐ Change Addition HALE GARGIR, IZIK NAME MALE **4962 SHERIDAN STREET** STEET ADDRESS STRUCT ADDRESS HOLLYWOOD FL 33021 CHY ST 7IP CITY SI 7IP Addition Change mur ☐ Detete 1000 GARGIR, TAMAR NAM NAM **4962 SHERIDAN STREET** SUBBLIADORESS STORET ADDRESS CITY ST-7IP HOLLYWOOD FL 33021 CHY SI ZIP ☐ Change Delete THEL Addition unt NAME STITET I ADDRESS SIBLLE ADDRESS CITY SI-7IP Delete ☐ Change Addiline HILL NAMI NAM STREET ADORESS SHILL LADDRESS CHY SL 7IP CITY ST /AP Change Addition THEF Delete NAMI NAMI SHIELL ADDRESS STREET LADIORESS CHY SI-702 CITY ST AP ☐ Delete Change Addition ani NAME NAME STRUMADDRESS STREET ADDRESS Cliy-si-7P CITY SI-78P 12. I heroby certify that the information supplied with this liting does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 emptwered 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:

NG OFFICER OR DIRECTOR

**FILED**