

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

03-17-2008 90029 005 ***150.00

DOCUMENT # P07000081950 1. Entity Name FEATHER LITE SANDALS, CORP.					
Principal Place of Business 5690 WEST 14TH COURT HIALEAH, FL 33012			Mailing Address 5690 WEST 14TH COURT HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 26-0565262				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUNEZ, FLORA 5690 WEST 14TH COURT HIALEAH, FL 33012			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUNEZ, CHARLES 5690 WEST 14TH COURT HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUNEZ, FLORA 5690 WEST 14TH COURT HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUNEZ, TONY 5690 WEST 14TH COURT HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, DAVID 5690 WEST 14TH COURT HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NUNEZ, ALEXANDER 5690 WEST 14TH COURT HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ 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: <u><i>Flora Nunez</i></u> 3/11/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					