2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachr

SIGNATURE:

May 02, 2008 8:00 am Secretary of State 05-02-2008 90286 001 ***150.00 **DOCUMENT # P07000125460** 05-02-2008 90286 002 *****8.75 CITY SHOES CORP. Principal Place of Business Mailing Address 66009475 28846 S DIXIE HWY 28846 S DIXIE HWY HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 CR2E034 (12/06) City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALLE ORTIZ: VICELI Street Address (P.O. Box Number is Not Acceptable) 202 SW 15 TERRACE HOMESTEAD, FL. 33030 3... City 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/lyped or printed name of rogistered agent and title diapplicable. (NOTE: Registered Agent signature required when reinstating) 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD Delete TITLE ☐ Chanue Addition TITLE VALLE ORTIZ, VICELI DEL NAME STREET ADDRESS 202 SW 15 TERRACE STREET ADDRESS CITY ST-ZIP Ya. HOMESTEAD, FL 33030 CITY-ST-ZIP ☐ Change . ☐ Addition ☐ Defete THEF 2.00 NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST ZIP ☐ Delete THTLE ☐ Change Addition TITLE NAME MAME STREET ADORESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Change ☐ Addition ☐ Delete TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Oelete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP 12. I nereby cartily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplymental 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 received or the powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000125460 1. Entity Name CITY SHOES CORP.					ATTACHMENT			
Principal Place of Business Mailing Address 28846 S DIXIE HWY 28846 S DIXIE HWY HOMESTEAD, FL 33030 HOMESTEAD, FL 33030					/	1 - 6 (0		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			((P	600947	5	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272008		E034 (12/06)	
City & State		City & State			4. FEI Numb	<u>** 26-1462805</u>) No	oplied For ot Applicable
Zip	Country	Zip				e of Status Desired	\$8.75 Add Fee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
-VALLE OR 202 SW 15 HOMESTE		Street Address (P.O. Box Numb	per is Not Acceptable)			
:				City	· · · · · · · · · · · · · · · · · · ·		Zip Cod	<u> </u>
8. The above	a named entity submits this statement for	or the purpose of changing its	registeri	<u> </u>	red agent, or br	oth, in the State of Florida. I a		
 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. (NOT	E: Registere	d Agent signeture required	I when rematating)	DATE	£	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS				e et address		•	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ 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 supplied entity-eport 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 of true; greatly exercise 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 withing address with all other like empowered.								
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