


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P07168**  
1. Entity Name  
SAN ANTONIO SHOE, INC.



Principal Place of Business      Mailing Address  
1717 SAS DRIVE      P.O. BOX 240700  
SAN ANTONIO, TX 78224 US      SAN ANTONIO, TX 78224-0700 US

**DO NOT WRITE IN THIS SPACE**



01222007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
74-1885020      Not Applicable

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

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000653806  
03/13/07-80036-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUBAR, DARRYL 1717 SAS DRIVE SAN ANTONIO, TX 78224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAAS, ANN BROOKE 1717 SAS DR SAN ANTONIO, TX 78224
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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: Ann Brooke Haas    Ann Brooke Haas    1-22-07    (210) 921-7425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #