

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088415

Entity Name: MICHAEL SHOES INC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1739 WEST 41 ST.
APT. 3
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1739 WEST 41 ST.
APT. 3
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 30-0506526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHADO, MAYKEL
1739 WEST 41 ST.
APT. 3
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACHADO, MAYKEL
Address: 1739 WEST 41 ST. APT. #3
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: CABADILLA, MICHEL
Address: 671 S. ROYAAL POINCIANA BLVD. APT. 209
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CABADILLA, MICHEL
Address: 671 S. ROYAL POINCIANA BLVD. APT. 209
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYKEL MACHADO

D

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date