## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000003103

City-St-Zip:

N LAUDERDALE, FL 33068

**Entity Name:** DELALLA SHOE REPAIR INC.

FILED Apr 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2671 N FEDERAL HWY FT LAUDERDALE, FL 33306 US **Current Mailing Address: New Mailing Address:** 2671 FEDERAL HWY FT LAUDERDALE, FL 33306 US FEI Number: 65-0381268 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELALLA, VICTOR 2671 N FÉDERAL HWY FT LAUDERDALE, FL 33306 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition DELELLA, VICTOR DELALLA, VICTOR Name: Name: 2671 N FEDERAL HWY 2671 N FEDERAL HWY Address: Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: FT LAUDERDALE, FL Title: VPD Title: VPD (X) Change ( ) Addition () Delete DELALLA, JOHN Name: DELELLA, JOHN Name: 2671 N FEDERAL HWY 2671 N FEDERAL HWY Address: Address: FT LAUDERDALE, FL FT LAUDERDALE, FL City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition DELALLA, BARBARA Name: Name: 2671 N FEDERAL HWY Address: Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip: Title: VPM ( ) Delete Title: () Change () Addition ODGEN, THOMAS Name: Name: Address: 7815 SW 7 PLACE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: VICTOR DELALLA PD 04/01/2007