

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90007 040 \*\*\*150.00

DOCUMENT # P93000076031

1. Entity Name  
SHOE QUEST, CORP.



Principal Place of Business

2848 STIRLING RD  
BAY J  
HOLLYWOOD, FL 33020 US

Mailing Address

2848 STIRLING DR  
BAY J  
HOLLYWOOD, FL 33020 US

94039551



2. Principal Place of Business

20177 NE 16th PL

Suite, Apt. #, etc.

3. Mailing Address

20177 N.E 16th PL

Suite, Apt. #, etc.

03222004

Chg-P

CR2E034 (10/03)

City & State

MIAMI, FL

Zip 33179 Country

City & State

MIAMI, FL

Zip 33179 Country

4. FEI Number

65-0446013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAWARDI, SARAH  
2848 STIRLING RD  
BAY J  
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name

MAWARDI, SARAH

Street Address (P.O. Box Number is Not Acceptable)

20177 NE 16th PL

City MIAMI

FL

Zip Code 33179

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MAWARDI, SARAH  
STREET ADDRESS 2848 STIRLING RD., BAY J  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition  
NAME MAWARDI, SARAH  
STREET ADDRESS 20177 NE 16th PL  
CITY-ST-ZIP MIAMI, FL 33179

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #