



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90454 047 ***150.00

DOCUMENT # P93000078242 1. Entity Name CARMEN SHOES OF SUNRISE, INC.					
Principal Place of Business 3544 COCO DRIVE COCONUT CREEK, FL 33033			Mailing Address 3544 COCO DRIVE COCONUT CREEK, FL 33033		
2. Principal Place of Business 4920 SW 165th Avenue Suite, Apt. #, etc.		3. Mailing Address 4920 SW 165th Avenue Suite, Apt. #, etc.		60031778 	
City & State Miramar, FL Zip Country 33027 Broward		City & State Miramar, FL Zip Country 33027 Broward		4. FEI Number 65-0448379	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DRVILA, CARME 3544 COCO LAKE DRIVE COCONUT CREEK, FL 33073				7. Name and Address of New Registered Agent Name Carmen Davila Street Address (P.O. Box Number is Not Acceptable) 4920 SW 165th Drive City Miramar FL Zip Code 33027	
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 <u>C. Davila</u> <u>Carmen Davila</u> <u>01/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVILA, CARME N 3544 COCO LAKE DRIVE COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Carmen Davila 4920 SW 165th Drive Miramar, FL 33027
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>C. Davila</u> <u>Carmen Davila</u> <u>01/26/06</u> <u>(954) 589-6699</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					