



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90186 006 \*\*\*150.00

<b>DOCUMENT # P94000081814</b> 1. Entity Name <b>GRAND SHOE INTERNATIONAL, INC.</b>					
Principal Place of Business <b>6071 SW 114TH COURT MIAMI, FL 33173 US</b>			Mailing Address <b>6071 SW 114TH COURT MIAMI, FL 33173 US</b>		
2. Principal Place of Business <b>6508 Kendale Lakes Dr.</b> Suite, Apt. #, etc. <b>Unit # 502</b> City & State <b>Miami, Florida</b> Zip <b>33183</b>		3. Mailing Address <b>6508 Kendale Lakes Dr.</b> Suite, Apt. #, etc. <b>Unit # 502</b> City & State <b>Miami, Florida</b> Zip <b>33183</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0556278</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRANK G. LLACA 6071 SW 114TH COURT MIAMI, FL 33173</b>			7. Name and Address of New Registered Agent Name <b>Frank G. Llaca</b> Street Address (P.O. Box Number is Not Acceptable) <b>6508 Kendale Lakes Drive</b> <b>Unit 502</b> City <b>Miami</b>		
State <b>FL</b>			Zip Code <b>33183</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LLACA, FRANCISCO G 6071 SW 114 CT MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Llaca Francisco G. 6508 Kendale Lakes Dr. Unit 502 Miami, Florida 33183.
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LLACA, ZENIA 6071 SW 114 CT MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Llaca Zenia 6508 Kendale Lakes Dr., Unit 502 Miami, Florida 33183.
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LLACA, FRANCISCO G JR 15664 S.W., 16 COURT PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Silvia C. Munoz 6504 S.W. 114 Place, Unit D Miami, Florida 33183.
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 reports 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.					
<b>SIGNATURE: Francisco G. Llaca, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/26/06</b> <small>Date</small>		<b>(305) 385-2511</b> <small>Daytime Phone #</small>