

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0414 ANR05

closed: 5/07/04
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P95000089599					
1. Entity Name MIAMI FLAGLER FOOTACTION, INC.					
Principal Place of Business 129 EAST FLAGLER STREET MIAMI FL 33131 US			Mailing Address PO BOX 141269 IRVING TX 75014-1268		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3298064	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE, SHAWN R		NAME	Maureen Richards	
STREET ADDRESS	24 B OLD FARM RD.		STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430	
CITY-ST-ZIP	DARIEN CT 06820		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLBAUM, LEE D		NAME		
STREET ADDRESS	279 SPRING VALLEY RD.		STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE NJ 07650		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLTER, WARREN Z		NAME	Timothy Garahan	
STREET ADDRESS	3835 GRANBURY DR.		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75287		CITY-ST-ZIP	67 MILLBROOK ST., WORCESTER, MA 01606	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, MICHAEL		NAME		
STREET ADDRESS	122 PASADENA PL		STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE NJ 7506		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANTE, ANDREA		NAME		
STREET ADDRESS	1220 OXFORD LN.		STREET ADDRESS		
CITY-ST-ZIP	GRAPEVINE TX 76051		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARY BETH		NAME		
STREET ADDRESS	3201 W. ROYAL LANE		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75063		CITY-ST-ZIP		

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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: **TIMOTHY GARAHAN** FEB - 7 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #