2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000062168

1. Entity Name
ERMARE SHOES, INC.

Principal Place of Business	Mailing Address
321 N UNIVERSITY DR	321 N UNIVERSITY DR
C7	C7
PLANTATION, FL 33324 US	PLANTATION, FL 33324 US

DO NOT WRITE IN THIS SPACE

FILED

Feb 26, 2007 08:00 AM

Secretary of State

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0687269

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRONESTI, RINO
321 N UNIVERSITY DR
SUITE C7
PLANTATION, FL 33324

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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_____   DATE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000643800 03/07/07-80066-004 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	PRONESTI, RINO
STREET ADDRESS	321 N UNIVERSITY DR SUITE C7
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Rino Pronesti 2/14/07 (954) 382-1424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #