

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000083290 1. Entity Name LUGGAGE & SHOES CLINIC, CORP.																																																																																																																																																																																	
Principal Place of Business 12119 SOUTH DIXIE HWY. MIAMI, FL 33156			Mailing Address 12119 SOUTH DIXIE HWY. MIAMI, FL 33156																																																																																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																														
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5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																																																																																													
6. Name and Address of Current Registered Agent NAVARRO, GLORIA 9794 SW 156TH CT. MIAMI, FL 33196				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																																													
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.				FL Zip Code																																																																																																																																																																													
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																																																																																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00																																																																																																																																																																																	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>NAVARRO, JAIRO</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>9794 SW 156TH CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33196</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td>NAVARRO, GLORIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9794 SW 156TH CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33196</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td>U00000522521</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>05/03/06-80034-001</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>150.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	NAME	NAVARRO, JAIRO	☐	STREET ADDRESS	9794 SW 156TH CT.		CITY-ST-ZIP	MIAMI, FL 33196		TITLE	VPD	☐	NAME	NAVARRO, GLORIA		STREET ADDRESS	9794 SW 156TH CT		CITY-ST-ZIP	MIAMI, FL 33196		TITLE		☐	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete	Change	Addition	NAME	U00000522521				STREET ADDRESS	05/03/06-80034-001				CITY-ST-ZIP	150.00				TITLE			☐	☐	NAME					STREET ADDRESS					CITY-ST-ZIP					TITLE			☐	☐	NAME					STREET ADDRESS					CITY-ST-ZIP					TITLE			☐	☐	NAME					STREET ADDRESS					CITY-ST-ZIP					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.																																																																																																																																																																																	
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