2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 03, 2005 08:00 AM Secretary of State DOCUMENT # P97000045082 1. Entity Name LAKE AVENUE SHOES, INC. Principal Place of Business Mailing Address 630 LAKE AVENUE LAKE WORTH FL 33460 630 LAKE AVENUE LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0763478 Not Applicable \$8.75 Additional Zip Żίρ Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, DERRICK Street Address (P.O. Box Number is Not Acceptable) 630 LAKE AVENUE LAKE WORTH FL 33460 Zip Code 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 Signature, typed or printed name of registered agent and filte if explicable (NOTE Registered Agent signature required when reinstalling)" DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete HILL TITLE Change Addition GRIFFIN, DERRICK NAME NAME UNNOON249521 03/03/05-80006-009 150.00 STREET ADDRESS 230 VALENCIA RD. STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33401 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition GRIFFIN, DIANE NAME NAME STREET ADDRESS 230 VALENCIA RD. STREET ADDRESS W. PALM BEACH FL 33401 CITY ST-ZIE CITY-ST-7/P TITLE Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 five 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.

FILED