


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000002619 1. Entity Name LUPA SHOES V, CORP.	
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Principal Place of Business 7795 W. FLAGLER ST. 11 MIAMI, FL 33144	Mailing Address 7795 W. FLAGLER ST. 11 MIAMI, FL 33144
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0824019	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, FRANCISCO M 7795 W FLAGLER ST #37 MIAMI, FL 33144
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, FRANCISCO M 7795 W FLAGLER ST #37 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, RAFAEL 7795 W FLAGLER ST #37 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARCIA, ANA L 7795 W FLAGLER ST #37 MIAMI, FL 33144
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 807, 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: *Francisco M. Garcia* Francisco M. Garcia 1-23-2007 (305) 263-8630

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