· 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 AN Secretary of State

DOCUMENT # P98000013796 1. Entity Name STUART'S CHILDRENS SHOES OF BOCA RATON, INC.			***************************************	Secretary of State
Principal Place of Business 20437 STATE RD 7 BOCA RATON, FL 33498	Mailing Address 2670 NE 215 ST MIAMI, FL 33180		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			04242007 4. FEI Numbe 65-0823 5. Certificate of	· · · · · · · · · · · · · · · · · · ·
HECHT, ALAN R 2670 NE 215TH STREET MIAMI, FL 33180	DO NOT WRITE IN THIS SPACE			
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. The 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. The 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. The 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. The 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. The submits this statement for the purpose of changing its registered office or registered agent, or both. Signature. The 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.				
FILE NOW!!! FEE IS \$150.1 After May 1, 2007 Fee will be \$ 10. OFFICER	JU		.00 May Be ed to Fees	
TITLE DONNER, WILLIAM I STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33180	3 AND DIRECTORS			U00000736508 05/10/07-80078-017 150.00
FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DO NOT WRITE IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 	-		
DILE MAMAE SIREET ADDRESS CRY-ST-ZIP 12. 1 hereby certify that the information supplied on this reporter suppliers and the control of the	a with this filting closs no famility for the e-	xemptions contained	in Chapter 118,	Ronda Statutes, I further certify that the information
12. I hereby certify that the information supplies with this filing does not builty for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental point 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 of the receiver of truther empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 31 if changed, or on an attribution that or address, with all other truther empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date				