

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032945

FILED
Apr 14, 2009
Secretary of State

Entity Name: HUMBERTO'S SHOE AND LUGGAGE REPAIRS INC.

Current Principal Place of Business:

15963 PINES BLVD.
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

15963 PINES BLVD.
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-0838207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, HUMBERTO
19710 N.W. 44 COURT
MIAMI GARDENS, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMIREZ, HUMBERTO
Address: 19710 N.W. 44 COURT
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP () Delete
Name: RAMIREZ, FANNY
Address: 19710 NW 44 CT
City-St-Zip: CAROL CITY, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUMBERTO RAMIREZ

PD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date