

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000078134

1. Entity Name

L.A.S. COMFORT SHOES, INC.



Principal Place of Business

2900 W. SAMPLE RD.  
POMPAÑO BEACH, FL 33073

Mailing Address

2900 W. SAMPLE RD.  
POMPAÑO BEACH, FL 33073

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**



03072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0872266

Applied For

Not Applicabl

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAPIR, ALBERTO E  
2900 W. SAMPLE RD.  
POMPAÑO BEACH, FL 33073

**DO NOT WRITE  
IN THIS SPACE**

3. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SAPIR, ALBERTO E  
STREET ADDRESS 2900 W. SAMPLE RD.  
CITY - ST - ZIP POMPAÑO BEACH, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO E SAPIR

03/15/04

Date

(954) 975 5977

Daytime Phone #