

CITY-ST-ZIP

I hereby certify that the information indicated on this report or such the corporation or the reconnection of the corporation or the reconnection or on an attachment.

2004 FOR PROFIT CORPORATION

FILED Feb 02, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P99000010366** S.E. SHOE LOFT INC Mailing Address Principal Place of Business 22 NE 3RD AVE. 22 NE 3RD AVE. MIAMI, FL 33132 MIAMI, FL 33132 01212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0891086 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELMIR, IHSAN DO NOT WRITE 6394 SW 41 ST. N. MIAMI BEACH, FL 33155 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DP ELMIR, IHSAN NAME. U00000027683 STREET ADDRESS 6394 SW 41 ST. 02/03/04-80056-014 150.00 CITY-ST-ZIP N. MIAMI BEACH, FL 33155 TITLE STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

blied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information 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 de empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if others. With all other like empowered.

Date

Daytime Phone #

IHSAN ELMIR, PRES.

NTED NAME OF SIGNING OFFICER OR DIRECTOR