


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000024253

1. Entity Name
J.C. SHOE REPAIR INC.



Principal Place of Business Mailing Address
1550 W. 84TH ST., STE. 60 **1550 W. 84TH ST., STE. 60**
HIALEAH FL 33014 **HIALEAH FL 33014**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. #, etc

1st MOORE CR2E034 (10/06)

City & State City & State

4. FEI Number **65-0904214** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LUMBI, JAIRO
7225 W. 11 CT., #104
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LUMBI, JAIRO 7225 W 11 CT., #104 HIALEAH FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LUMBI, CLAUDIA 7225 W 11 CT., #104 HIALEAH FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 03/22/07-80014-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Jairo Lumbi 2/28/07 823-6893

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