

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # S08611

1. Entity Name  
ATHLETIC FOOTWEAR, INC.



Principal Place of Business

12801 W SUNRISE BLVD  
SUITE 139  
SUNRISE, FL 33323-2962

Mailing Address

ATHLETIC FOOTWEAR INC  
P O BOX 450309  
SUNRISE, FL 33345 US

**FILED**  
**Mar 23, 2004 08:00 AM**  
**Secretary of State**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0223903

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SAFA, WALID  
12801 W SUNRISE BLVD  
SUITE 139  
SUNRISE, FL 33322

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000094653

03/23/04-80005-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAFA, WALID
STREET ADDRESS	12801 W SUNRISE BLVD 139
CITY-ST-ZIP	SUNRISE, FL
TITLE	PS
NAME	SAFA, WALID A
STREET ADDRESS	12801 W. SUNRISE BLVD. 139
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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)(i), 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

Date

Daytime Phone #