

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90089 048 ***150.00

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1. Entity Name
RINALDI'S FASHION SHOES, INC.



Principal Place of Business
**2330 PALM RIDGE RD
5
SANIBEL, FL 33957 US**

Mailing Address
**2330 PALM RIDGE RD
SUITE 5
SANIBEL, FL 33957 US**

DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0283956

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RINALDI, ANTHONY
1992 ROSGATE LN
SANIBEL, FL 33957** *ROSGATE LN.*

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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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
RINALDI, ANTHONY
1992 ROSGATE LN
SANIBEL ISLAND, FL 33957** *(ROSGATE LN.)*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
RINALDI, FRANKETTE K.
1992 ROSGATE LN
SANIBEL ISLAND, FL 33957** *(CORRECTION)
1992 ROSEATE LN
SANIBEL FL 33957*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 exemptions contained 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 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:

Anthony Rinaldi **ANTHONY RINALDI**

Date

Daytime Phone #

1/15/07 **239 472-5666**