

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90002 031 ***158.75

DOCUMENT # V23764

1. Entity Name
HOMETOWN SHOE REPAIR, INC.



Principal Place of Business
**1362 WESTON ROAD
FORT LAUDERDALE, FL 33326**

Mailing Address
**1362 WESTON ROAD
FORT LAUDERDALE, FL 33326**

54058120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05312004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0316371

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FILIPPELLI, FRANK
1362 WESTON ROAD
FORT LAUDERDALE, FL 33326**

7. Name and Address of New Registered Agent

Name **SUSAN DOMINICO**

Street Address (P.O. Box Number is Not Acceptable)
6511 SW 5 ST

City **Pembroke Pines** **FL** Zip Code **33023**

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 Susan Dominico **SUSAN DOMINICO** **6-1-04**
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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **FILIPPELLI, FRANK**
STREET ADDRESS **1362 WESTON ROAD**
CITY-ST-ZIP **FORT LAUDERDALE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR / PRESIDENT** ☒ Change ☒ Addition
NAME **SUSAN DOMINICO**
STREET ADDRESS **6511 SW 5 ST**
CITY-ST-ZIP **Pembroke Pines FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Frank Filippelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-04 **9543890615**
Date Daytime Phone #