

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91113 018 ***150.00

DOCUMENT # *96000 19065*

1. Entity Name

Shoe Clearance, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6738 N. University Blvd 5032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Tombase FL

Deerfield Beach FL

65-0674934

Not Applicable

Zip *33321*

Country

Zip *33442*

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

RASKIN Monte

Street Address (P.O. Box Number is Not Acceptable)

2100 W. Atlantic Ave

City

Delray Beach

FL

Zip Code

33445

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Monte Raskin *4/20/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>P</i>	<i>Raskin Andrew</i>	<i>2100 W Atlantic Ave</i>	<i>Delray Beach FL 33445</i>				
<i>VP</i>	<i>Emin, Karol</i>	<i>2100 W Atlantic Ave</i>	<i>Delray Beach FL 33445</i>				
<i>VP</i>	<i>Herwitz Jane</i>	<i>2100</i>	<i>Delray Beach FL 33445</i>				
<i>SR</i>	<i>RASKIN Monte</i>	<i>2100 W Atlantic Ave</i>	<i>Delray Beach FL 33445</i>				

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other, live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Monte Raskin *4/20/02*

CR2E034B (12/01)