

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-23-2006 90012 010 ***150.00
P05000144206

DOCUMENT # P05000144206

1. Entity Name

THE OUTLET CENTER OF FLORIDA, INC.



Principal Place of Business

68 WEST 9TH STREET
HIALEAH FL 33010

Mailing Address

68 WEST 9TH STREET
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

04-3832304

Appoint For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARGHAM, GEORGE
68 WEST 9TH STREET
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I, the above named entity, submit 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 his or her consent to

(NOTE: Registered agent signature is required when agent is changed)

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. NAME	P/D DARGHAM, GEORGE ☐ Delete	TITLE	☐ Change ☐ Addition
2. STREET ADDRESS	68 WEST 9TH STREET	NAME	
3. CITY-STATE-ZIP	HIALEAH FL 33010	STREET ADDRESS	
4. TITLE	☐ Delete	CITY-STATE-ZIP	
5. NAME		TITLE	☐ Change ☐ Addition
6. STREET ADDRESS		NAME	
7. CITY-STATE-ZIP		STREET ADDRESS	
8. TITLE	☐ Delete	CITY-STATE-ZIP	
9. NAME		TITLE	☐ Change ☐ Addition
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12. TITLE	☐ Delete	CITY-STATE-ZIP	
13. NAME		TITLE	☐ Change ☐ Addition
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15. CITY-STATE-ZIP		STREET ADDRESS	
16. TITLE	☐ Delete	CITY-STATE-ZIP	
17. NAME		TITLE	☐ Change ☐ Addition
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20. TITLE	☐ Delete	CITY-STATE-ZIP	
21. NAME		TITLE	☐ Change ☐ Addition
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25. NAME		TITLE	☐ Change ☐ Addition
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96. TITLE	☐ Delete	CITY-STATE-ZIP	
97. NAME		TITLE	☐ Change ☐ Addition
98. STREET ADDRESS		NAME	
99. CITY-STATE-ZIP		STREET ADDRESS	
100. TITLE	☐ Delete	CITY-STATE-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 112, 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 blockwork.

SIGNATURE:

George Dargham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/06

(305) 345 4889

ATTACHMENT

40094141

Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, FL. 32314

The Outlet Center of Florida
68 West 9th Street
Hialeah, FL. 33010

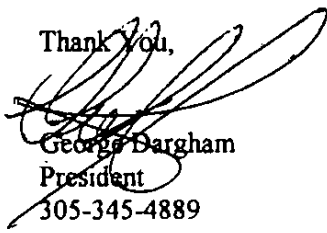
RE: P05000144206

To Whom It May Concern:

I spoke with a customer service representative named Michelle Milligan on May 16, 2006. I explained to her why I am sending in this payment late. She gave me the okay to send in the regular payment of \$150.00 along with this letter explaining why I am late.

I received the post card earlier in the year and I sent it in as per the instructions. I just received the form last week. I didn't know there was a penalty until my accountant told me. This is a new company for me and I assure you that I will know better to handle this situation in the future. I would appreciate leniency!

Thank You,


George Dargham
President
305-345-4889