


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90202 027 ***150.00

DOCUMENT # G33967

1. Entity Name
SARIN'S OUTLET CORP.



Principal Place of Business Mailing Address

7350 NW 7TH ST.
 111-112
 MIAMI FL 33126-2903

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 111-112
 MIAMI FL 33126-2903



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

7350 N.W. 7TH ST. **7350 N.W. 7TH ST.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

112 **112**

City & State City & State

MIAMI, FLORIDA **MIAMI, FLORIDA**

Zip Zip Country Country

33126 **33126** **USA** **USA**

4. FEI Number Applied For

59-2290487 Not Applicable

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

6. Name and Address of Current Registered Agent

PASCUAL, CRISTOBALINA E
3140 SO OCEAN DRIVE, APT 505
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PASCUAL, CRISTOBALINA E	
STREET ADDRESS	3140 SO OCEAN DRIVE, APT. 505	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PASCUAL, JUAN C.	
STREET ADDRESS	16452 N.W. 82ND PL	
CITY-ST-ZIP	MAIMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PASCUAL, JUAN	
STREET ADDRESS	3140 SO. OCEAN DRIVE, APT. 505	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PENA, ALBERTA E	
STREET ADDRESS	6474 MIAMI LAKES DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, CRISTOBALINA E	
STREET ADDRESS	5356 S.W. 34 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, JUAN C.	
STREET ADDRESS	3450 S.W. 62 ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, JUAN	
STREET ADDRESS	5356 S.W. 34 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, ALBERTA E	
STREET ADDRESS	200 DIPLOMAT PKWY #301	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *Pascual E. Pena* 2-21-05 (305) 362-8011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #