

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90034 029 ***150.00

DOCUMENT # G33967

1. Entity Name

SARIN'S OUTLET CORP.



Principal Place of Business

7350 NW 7TH ST.
112
MIAMI FL 33126

Mailing Address

7350 NW 7TH ST.
112
MIAMI FL 33126

2. Principal Place of Business

7350 N.W. 7TH ST.
Suite, Apt. #, etc.
112

3. Mailing Address

7350 N.W. 7TH ST.
Suite, Apt. #, etc.
112

City & State

MIAMI Florida

City & State

MIAMI Florida

Zip

33126

Country

USA

Zip

33126

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2290487

Applied For

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 S356 S.W. 34 AVE.
HALLANDALE FL 33009
FT. LAUDERDALE, FL. 33312

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

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

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE DP ☐ Delete
NAME PASCUAL, CRISTOBALINA E
STREET ADDRESS 5356 SW 34 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE S ☐ Delete
NAME PASCUAL, JUAN C.
STREET ADDRESS 3450 SW 52 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE T ☐ Delete
NAME PASCUAL, JUAN
STREET ADDRESS 5356 SW 32 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE V ☐ Delete
NAME PENA, ALBERTA E
STREET ADDRESS 200 DIALAEMPT PKWY #321
CITY-ST-ZIP HALLANDALE FL 33009

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 information empowered.

SIGNATURE:

Cristobal E. Pascual
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06

Date

305-262-8011

Daytime Phone #