


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 Mailing Address
 7350 NW 7TH ST. 7350 NW 7TH ST.
 112 112
 MIAMI FL 33126 MIAMI FL 33126

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**

1st MOORE CR2E034 (10/05)



6. Name and Address of Current Registered Agent
PASCUAL, CRISTOBALINA E
3140 SO OCEAN DRIVE, APT 505 *S 356 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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PASCUAL, CRISTOBALINA E			NAME			
STREET ADDRESS	5356 SW 34 AVE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33312			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PASCUAL, JUAN C.			NAME			
STREET ADDRESS	3450 SW 52 ST			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33312			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENA, ALBERTA E			NAME			
STREET ADDRESS	200 DIALAEMPT PKWY #321			STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 title empowered.

SIGNATURE: *Cristobal Pascual* 3-24-06 305-262-8011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #