

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State



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



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
7350 N.W. 7TH ST.

3. Mailing Address
7350 N.W. 7TH ST.

Suite, Apt. #, etc.
112

Suite, Apt. #, etc.
112

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **59-2290487**

Applied For
 Not Applicable

Zip **33126** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASCUAL, CRISTOBALINA E
5356 S.W. 34 AVE.
FORT LAUDERDALE FL 33312

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's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PASCUAL, CRISTOBALINA E	
STREET ADDRESS	5356 SW 34 AVE	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33312	
TITLE	S	<input type="checkbox"/> Delete
NAME	PASCUAL, JUAN C.	
STREET ADDRESS	3450 SW 52 ST	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33312	
TITLE	T	<input type="checkbox"/> Delete
NAME	PASCUAL, JUAN	
STREET ADDRESS	5356 SW 32 AVE	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33312	
TITLE	V	<input type="checkbox"/> Delete
NAME	PENA, ALBERTA E	
STREET ADDRESS	200 DIALAEMPT PKWY #321	
CITY-STATE-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000622856	
CITY-STATE-ZIP	02/13/07-20041-016 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-2007 305-262-8011

Date

Daytime Phone #