

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G33967

FILED
Jan 06, 2009
Secretary of State

Entity Name: SARIN'S OUTLET CORP.

Current Principal Place of Business:

7350 NW 7TH ST.
112
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7350 NW 7TH ST.
112
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-2290487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PASCUAL, CRISTOBALIN, A E
Address: 5356 SW 34 AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S () Delete
Name: PASCUAL, JUAN C.,
Address: 3450 SW 52 ST
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: T () Delete
Name: PASCUAL, JUAN,
Address: 5356 SW 32 AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: V () Delete
Name: PENA, ALBERTA E,
Address: 200 DIALAEMPT PKWY #321
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASCUAL, CRISTOBALINA E

DP

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date