


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

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| DOCUMENT # J40099 1. Entity Name OUTDOOR ASSOCIATES, INC. |  |
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|---|---|
| Principal Place of Business 9930 NW 59TH COURT PARKLAND, FL 33076 | Mailing Address 9930 NW 59TH COURT PARKLAND, FL 33076 |
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DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2746216 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FELS, LEONARD R.
1320 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146**

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IN THIS SPACE**

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)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000206359 02/01/05-80003-002 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S POVEROMO, GEORGE 9930 NW 59TH COURT PARKLAND, FL 33076 |
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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: George Poveromo **1/25/05** **954 3421 589**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR