2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056613

Entity Name: PACE OUTFITTERS, INC.

1025 GREGORY DR.

MAITLAND, FL 32751

SAPORITO, CAROL A

607 MORGAN ST.

() Delete

WINTER SPRINGS, FL 32708

VPD

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
360 N STATE ROAD 434 ALTAMONTE SPRINGS, FL 32714				1064 STATE RD 436 CASSELBERRY, FL 327	707 US	
Current Mailing Address:				New Mailing Address:		
360 N STATE ROAD 434 ALTAMONTE SPRINGS, FL 32714				1064 STATE RD 436 CASSELBERRY, FL 32707 US		
FEI Number:	59-3651608	FEI Number Applied For()	FEI Numl	ber Not Applicable()	Certificate o	of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SAPORITO, CHRISTOPHER 607 MORGAN ST WINTER SPRINGS, FL 32708 US				SAPORITO, MICHAEL R 607 MORGAN ST WINTER SPRINGS, FL 32708 US		
The above in the State		submits this statement for the pu	urpose of	changing its registered of	office or regi	stered agent, or both,
SIGNATURE: MICHAEL R. SAPORITO				05/01/2007		
Electronic Signature of Registered Agent					Da	te
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	t receive th	e prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VPD (X) SAPORITO, CH 607 MORGAN S WINTER SPRIN	ST.	1	Title: () Name: Address: City-St-Zip:) Change()A	Addition
Title: Name: Address: City-St-Zip:	PD () SAPORITO, MO 607 MORGAN S WINTER SPRIN	STREET	1	Title: () Name: Address: City-St-Zip:) Change()A	Addition
Title: Name:	VPD () ATORROSAGE	Delete STI, BEATRIZ		Title: ()) Change()A	Addition

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: MICHAEL R. SAPORITO PRES 05/01/2007

() Change () Addition