

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032563

FILED
Jul 25, 2005
Secretary of State

Entity Name: COOL SHADES OUTLET, INC.

Current Principal Place of Business:

6233 WESTGATE DRIVE APT 605
ORLANDO, FL 32835

New Principal Place of Business:

5401 W. OAKRIDGE RD,
LOCATION A
ORLANDO, FL 32819

Current Mailing Address:

6233 WESTGATE DRIVE APT 605
ORLANDO, FL 32835

New Mailing Address:

9639 PECKY CYPRESS WAY
ORLANDO, FL 32836

FEI Number: 59-3707414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULEMAN, NADIR
6233 WESTGATE DRIVE APT 605
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

SULEMAN, NADIR
9639 PECKY CYPRESS WAY
ORLANDO, FL 32836 US

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: NADIR SULEMAN

07/25/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SULEMAN, NADIR
Address: 6233 WESTGATE DRIVE APT 605
City-St-Zip: ORLANDO, FL 32835

Title: ST () Delete
Name: SULEMAN, ANAR
Address: 6233 WESTGATE DR APT 605
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SULEMAN, NADIR
Address: 9639 PECKY CYPRESS WAY
City-St-Zip: ORLANDO, FL 32836

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NADIR SULEMAN

PD

07/25/2005

Electronic Signature of Signing Officer or Director

Date