


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90162 040 \*\*\*150.00

<b>DOCUMENT # P01000102623</b> 1. Entity Name 711 WAREHOUSE INC.	
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Principal Place of Business 1600 SOUTH EAST 9TH STREET FORT LAUDERDALE, FL 33316	Mailing Address 1600 SOUTH EAST 9TH STREET FORT LAUDERDALE, FL 33316
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**DO NOT WRITE IN THIS SPACE**

40068883



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1151533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SCHWARTZ, NORMAN 1600 S.E. 9 ST FORT LAUDERDALE, FL 33316
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, NORMAN 1600 SOUTH EAST 9TH STREET FORT LAUDERDALE, FL 33316
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *X [Signature]* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-26-06* \_\_\_\_\_ Daytime Phone # \_\_\_\_\_