

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90118 045 ***150.00

DOCUMENT # P01000102623 1. Entity Name 711 WAREHOUSE INC.			
Principal Place of Business 1600 SOUTH EAST 9TH STREET FORT LAUDERDALE, FL 33316		Mailing Address 1600 SOUTH EAST 9TH STREET FORT LAUDERDALE, FL 33316	
2. Principal Place of Business - No P.O. Box # 3200 S Andrews Ave Suite, Apt. #, etc. #104		3. Mailing Address 3200 S Andrews Ave Suite, Apt. #, etc. #104	
City & State Ft Lauderdale		City & State Ft Lauderdale	
Zip 33316	Country USA	Zip 33316	Country USA
6. Name and Address of Current Registered Agent SCHWARTZ, NORMAN 1600 S.E. 9 ST FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Norman Schwartz Street Address (P.O. Box Number is Not Acceptable) 3200 S Andrews Ave #104 City Ft Lauderdale State FL Zip Code 33316	
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  DATE 4/16/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, NORMAN 1600 SOUTH EAST 9TH STREET FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schwartz, Norman 3200 S Andrews Ave #104 Fort Lauderdale FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 4/16/08 Daytime Phone #	