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	04-24-2008 90118 043 130.00
711 WAREHOUSE INC.	
Notice State of Contract	4600000
Principal Place of Business Mailing Address 1600 SOUTH EAST 9TH STREET 1600 SOUTH EAST 9TH S	STREET
FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 3	33316
Principal Place of Business - No P.O. Box # 3. Mailing Address	
<u> 3200 S Andrews Avel 3200 S An</u>	hews Ave
Suite, Apt. #, etc. 04162008 Chg-P CR2E034 (12/06)	
FT Lauderdale FT Lauder	4. FEI Number Applied For 65-1151533 Not Applicable
33310 County A 333710	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWARTZ, NORMAN	Name Norman Schuartz
1600 S.E. 9 ST FORT LAUDERDALE, FL 33316	39005 ADDRUS HUC #-10+
	Fit Lauderdale
9. The above period entity submits this statement for the discount of spacetime in a	rigistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	gistered direction registered agent, or both, in the State of Fronda. I am familiar with, and accept
SIGNATURE Signature, typical of printed name of registere-specific and little if applicable (TNOTE: Fi	tegistered Agent signature required when reinstating) DATE DATE
FILE NOW! FEE IS \$450.00 9. Election Campaign	n Financing \$5.00 May Be
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contrib	· _ +++++ may by
10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME SCHWARTZ, NORMAN	NAME SCHWATTZINGTON AT A TOUR
STREET ADDRESS 1600 SOUTH EAST 9TH STREET CITY-SI-ZIP FORT LAUDERDALE, FL 33316	CITY-SI-ZIP FORT LO LIDER DO FU 33316
TITLE Delete	TITLE Change Addition
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP TITLE Delete	CITY-S1-ZIP
NAME	NAME Strange Audition
STREET ADDRESS :	STREET ADDRESS CITY-SI-ZIP
TITLE Delete	TITLE Change Addition
STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP TITLE	CITY-ST-ZIP TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE Delete	ITILE . Change Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for t	CITY-ST-ZIP the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information
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 fairly 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 kyecyle this sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address, with all other than the properties of the changed of the chapter 607.	
11/100	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERYOR DIRECTOR Date Daytone Prone #	