


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

04-16-2004 90036 033 ***150.00

DOCUMENT # P03000041125					
1. Entity Name TY OUTLET 3, INC.					
Principal Place of Business 3331 NW 16TH STREET FT LAUDERDALE FL 33311			Mailing Address 3331 NW 16TH STREET FT LAUDERDALE FL 33311		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3751639	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STOKES, TYRONE 3331 NW 16TH STREET FT LAUDERDALE FL 33311				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ <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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	TITLE	NAME
	(Director)	Tyrone Stokes	3331 NW 16th St		
		FT. LAUD, FL 33311			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Tyrone Stokes</u>			4/14/04 954-993-3311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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MOORE CR2E034 (11/03)