


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FLO

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90029 020 \*\*\*150.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # P05000083703</b><br>1. Entity Name<br><b>ORANGE BLOSSOM OF FLORIDA OUTLET, INC.</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>THE COLONNADE, 12801 WEST SUNRISE BLVD.<br/>STORE #2680<br/>SUNRISE, FL 33323 US</b>   |   |  | Mailing Address<br><b>ORANGE BLOSSOM OF FLORIDA OUTLET<br/>214 WEST 29TH STREET SUITE 1502<br/>NEW YORK, NY 10001 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State   |   |  | City & State  |   |  |
| Zip  |   | Country  |   | Zip   |  |
| Country  |   | City & State   |   | 4. FEI Number<br><b>05-0623874</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   |  |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>SUPER SALE INDUSTRIES GROUP, INC.<br/>201 NE 32ND STREET<br/>OAKLAND PARK, FL 33334</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>FLORIDA INCORPORATORS INC.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>8875 HIDDEN PARKWAY</b><br>City <b>TAMPA</b> FL <b>33637</b> |   |  |
| 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.<br>SIGNATURE <u>By: Mark H. Mark Hawkins, President</u> DATE <u>2/15/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>COHEN, GILLES<br>214 WEST 29TH STREET, ROOM 1502<br>NEW YORK, NY 10001 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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: <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | Date <u>2-15-08</u> Daytime Phone # <u>212-784-6122</u>   |   |  |