

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084808

FILED
Jul 11, 2007
Secretary of State

Entity Name: SOUTH DADE OUTFITTERS INC.

Current Principal Place of Business:

14100 SW 256 ST STE 15
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

14100 SW 256 ST STE 15
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: 20-2988282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEEDS, TODD
14100 SW 256 ST STE 15
HOMESTEAD, FL 33032 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AVINS, ANDREW
Address: 18424 SW 88 CT
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: HICKS, WILLIAM
Address: 1675 S GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: ST () Delete
Name: SEEDS, TODD
Address: 14100 SW 256 ST STE 15
City-St-Zip: HOMESTEAD, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AVINS, ANDREW
Address: 14100 SW 256 ST. STE 15
City-St-Zip: HOMESTEAD, FL 33032

Title: V (X) Change () Addition
Name: HICKS, WILLIAM
Address: 14100 SW 256 ST STE 15
City-St-Zip: HOMESTEAD, FL 33032

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD SEEDS

MR.

07/11/2007

Electronic Signature of Signing Officer or Director

Date