

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 23, 2008 8:00 am  
Secretary of State**

07-23-2008 90016 019 \*\*\*150.00

DOCUMENT # P07000009162		
1. Entity Name THE REAL SNEAKER OUTLET, INC.		

Principal Place of Business 1501 EAST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308	Mailing Address 1501 EAST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  HAFETZ, DAVID A 1501 EAST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)
City

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable  
(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_



07162008 Chg-P CR2E034 (12/06)

7/16/08

ATTACHMENT

40111882

**THE REAL SNEAKER OUTLET, INC.**

**1501 East Commercial Boulevard**

**Ft. Lauderdale, FL 33308**

Phone/Fax 954-776-8155

July 16, 2008

Division of Corporation  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document No. P07000009162

This week I received a postcard from the Florida Department of State, Division of Corporation called NOTICE OF INTENT TO DISSOLVE. I am in my first year of business and did not know what this was. I did not receive a prior notice so I called the "Questions?" telephone number and spoke to Tina. She advised me to send the signed form in with a check for \$150.00.

Sincerely,  
David A. Hafetz  
President