

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 208266018	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAFETZ, DAVID A 1501 EAST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/16/08 Daytime Phone # _____		

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