


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90021 019 ***150.00

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| DOCUMENT # P94000043419 1. Entity Name THE CRYSTAL OUTLET, INC. |  |
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| Principal Place of Business 2900 W SAMPLE RD. #2223 POMPANO BEACH, FL 33064 US | Mailing Address 2120 NW 22ND ST. POMPANO BEACH, FL 33069 US 12030 NW 2ND DRIVE CORAL SPRINGS, FL 33071 |
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0502219 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HOFFMAN, GLENN S 12030 NW 2ND DRIVE CORAL SPRINGS, FL 33071 |
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**DO NOT WRITE
IN THIS SPACE**

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:  P.S. 4/8/08
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HOFFMAN, GLENN S 12030 NW 2 DRIVE CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP HOFFMAN, NANCY 12030 NW 2 DRIVE CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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:  P.S. 4/8/08 954.290.6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #