

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90018 047 ***150.00

DOCUMENT # P97000075376

1. Entity Name
OUT A MIND, INC.



Principal Place of Business
**121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134**

Mailing Address
**121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134**

60023954



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0782709

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RENTZ, R. LARRY
121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORRIS, W. ALLEN
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME BELL, JAMES F JR.
STREET ADDRESS 1160 JOHNSON FERRY ROAD
CITY-ST-ZIP ATLANTA, GA 30319

TITLE T
NAME GIL, YAZMIN
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME GRAHAM, DALE I
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME RENTZ, R. LARRY
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Yazmin Gil *Treasurer* *1-18-08* *305-443-1000*