


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000038071 1. Entity Name AMERICA'S CLEARANCE OUTLET, INC.	
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Principal Place of Business 6203-D WEST SAND LAKE RD ORLANDO, FL 32819	Mailing Address 6203-D WEST SAND LAKE RD ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3571105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZAZA, BRIAN
6203-D WEST SAND LAKE RD.
ORLANDO, FL 32819**

**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000037113 02/06/04-80086-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAZA, BRIAN 4066 BROOKMYRA DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAZA, FRED 7821 MALL ORCA CT ORLANDO, FL 32819
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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 exemption stated in Section 119.07(3)(i), 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 #