

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90055 035 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                               |                                                                                                                                      |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S11415</b><br>1. Entity Name<br><b>192 FLEA MARKET OUTLET, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                               |                                                                                                                                      |                                                                                                 |  |
| Principal Place of Business<br><b>5401 S KIRKMAN RD #505<br/>ORLANDO, FL 32819</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                               | Mailing Address<br><b>423 W. VINE ST.<br/>KISSIMMEE, FL 34741</b>                                                                    |                                                                                                 |  |
| 2. Principal Place of Business<br><b>4301 W. VINE ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | 3. Mailing Address<br><b>4301 W. VINE ST.</b> |                                                                                                                                      |                                                                                                 |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | Suite, Apt. #, etc.<br>                       |                                                                                                                                      |                                                                                                 |  |
| City & State<br><b>KISSIMMEE FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | City & State<br><b>KISSIMMEE FL</b>           |                                                                                                                                      | 4. FEI Number<br><b>59-3038361</b>                                                              |  |
| Zip<br><b>34746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | Country<br><b>USA</b>                         |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
| Zip<br><b>34746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | Country<br><b>USA</b>                         |                                                                                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SYED, AZFAR H<br/>423 W. VINE ST.<br/>KISSIMMEE, FL 34741</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                                 |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                |                                                                          |                                               |                                                                                                                                      |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                               | 9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                 |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>JOSEPHS, DELROY<br/>423 W. VINE ST.<br/>KISSIMMEE, FL 34741</b> |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>D<br/>JOSEPHS, DELROY<br/>4301 W. VINE ST.<br/>KISSIMMEE FL 34746</b>                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                          |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                          |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                          |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                          |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                          |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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. |                                                                          |                                               |                                                                                                                                      |                                                                                                 |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                               | <b>DELOEY, JOSEPHS</b>                                                                                                               |                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                               | Date <b>01/19/2005</b> Daytime Phone # <b>(407) 396-4555</b>                                                                         |                                                                                                 |  |