2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V70549

1. Entity Name
SPECIALTY RETAIL CONCEPTS INC.

Principal Place of Business	Mailing Address
4 BAYSIDE MARKET PLACE 401 BISCAYNE BLVD. MIAMI, FL 33132 US	20080 NW 2ND ST. PEMBROKE PINES, FL 33026 US

04112008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0386564	Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, TROVEL
20080 N.W. 2ND ST.
PEMBROKE PINES, FL 33029

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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	P
NAME	WILLIAMS, TROVEL
STREET ADDRESS	20080 NW 2ND ST.
CITY-ST-ZIP	PEMBROKE PINES, FL

TITLE	VP
NAME	WILLIAMS, MICHELE
STREET ADDRESS	20080 NW 2ND ST.
CITY-ST-ZIP	PEMBROKE PINES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/08-30010-020 150.00

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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: _____   4/20/8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #