

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 343899

1. Entity Name
7200 CORP



Principal Place of Business
**2775 W. OKEECHOBEE RD.
 HIALEAH, FL 33010**

Mailing Address
**2775 W. OKEECHOBEE RD.
 HIALEAH, FL 33010**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1263902** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GINSBURG, MURRAY
 2775 W OKEECHOBEE RD
 HIALEAH, FL 33010**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1170000382194
 01/11/06-80086-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINSBURG, MURRY 2775 W. OKEECHOBEE ROAD HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINSBURG, ANDREW 2775 W OKEECHOBEE ROAD HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RANDY 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 **305-887-6570**

Date

Daytime Phone #