2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -6 AM 11:39

DOCUMENT # P03000106943

1. Entity Name
BAHIA HONDA REAL ESTATE INVESTMENTS VII, INC.

Principal Place of Business	Mailing Address
~~2450 SW 137TH AVE., SUITE~~ 228 ~~MIAMI, FL 33175~~	2450 SW 137TH AVE., SUITE 221 ~~MIAMI, FL 33~~175

06292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4000 Ponce de Leon Blvd.	4000 Ponce de Leon Blvd.
Suite, Apt. #, etc. Suite 770	Suite, Apt. #, etc. Suite 770
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146 Country USA	Zip 33146 Country USA

4. FEI Number 90-0120047 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

A&A REGISTERED AGENT, INC.
~~2450 SW 137TH AVE., SUITE 221~~
~~MIAMI, FL 33175~~

7. Name and Address of New Registered Agent

Name A.M. Rojas, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1985 NW 88 Court
Suite 201
City Miami FL ~~Zip Code~~ 33172

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADRIAN, PEDRO J ~~2450 SW 137TH AVE., SUITE 228~~ MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4000 Ponce de Leon Blvd. #770 Coral Gables, FL 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300059550803 09/13/05--01010--006 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

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