


**-2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90086 013 \*\*\*150.00

**DOCUMENT # P05000091497**

1. Entity Name  
 7100, INC.



Principal Place of Business      Mailing Address

2575 EAGLE RUN LANE      2575 EAGLE RUN LANE  
 WESTON, FL 33027      WESTON, FL 33027

40112538



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

2575 Eagle Run Lane      2575 Eagle Run Lane  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04122007      Chg-P      CR2E034 (12/06)

City & State      City & State

Weston, FL      Weston, FL

Zip      Country      Zip      Country

33327      USA      33327      USA

4. FEI Number      Applied For

20-5362777      Not Applicable

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

6. Name and Address of Current Registered Agent

HALPERIN, SCOTT B  
 2575 EAGLE RUN LANE  
 WESTON, FL 33027

← 33327

7. Name and Address of New Registered Agent

Name: HALPERIN, SCOTT B  
 Street Address: 2575 Eagle Run Lane  
 City: Weston, FL      Zip Code: 33327

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**  
**After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	HALPERIN, SCOTT B	
STREET ADDRESS	2575 EAGLE RUN LANE	
CITY-ST-ZIP	WESTON, FL 33027	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALPERIN, CATHY	
STREET ADDRESS	2575 EAGLE RUN LANE	
CITY-ST-ZIP	WESTON, FL 33027	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILSON, DOUGLAS	
STREET ADDRESS	7230 GLENEAGLE DRIVE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERIN SCOTT B	
STREET ADDRESS	2575 Eagle Run Lane	
CITY-ST-ZIP	Weston, FL 33327	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERIN CATHY	
STREET ADDRESS	2575 Eagle Run Lane	
CITY-ST-ZIP	Weston, FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SCOTT B. HALPERIN      *Scott B. Halperin*      Date: 4/30/07      Daytime Phone #: 954-389-6401