


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90472 022 ***150.00

DOCUMENT # P97000023828

1. Entity Name
LANDMARK VII, INC.



Principal Place of Business
1130 WASHINGTON AVE. 4TH FLOOR
MIAMI BEACH FL 33191

Mailing Address
1130 WASHINGTON AVE. 4TH FLOOR
MIAMI BEACH FL 33139-4600

94065579



MOORE CR2E034 (11/03)

2. Principal Place of Business
1130 Kennedy Cswy.
 Suite, Apt. #, etc.
#505
 City & State
N. Bay Village, FL
 Zip
33141 Country

3. Mailing Address
1130 Kennedy Cswy.
 Suite, Apt. #, etc.
#505
 City & State
N. Bay Village, FL
 Zip
33141 Country

4. FEI Number **65-0809425** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ROJO, FRANCISCO
1130 WASHINGTON AVE. 4TH FLOOR
MIAMI BEACH FL 33191

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1130 Kennedy Causeway
Suite #505
 City **N. Bay Village** FL Zip Code **33141**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

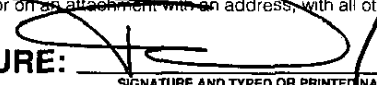
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SALAND, ROBERT	
STREET ADDRESS	1130 WASHINGTON AVE. 4TH FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33191	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1130 Kennedy Causeway, #505	
STREET ADDRESS	N. Bay Village, FL 33141	
CITY-ST-ZIP		
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		
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 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:  **FRANCISCO ROJO** Date: **4/21/04** (305) 538-9552 EXT. 103
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #