

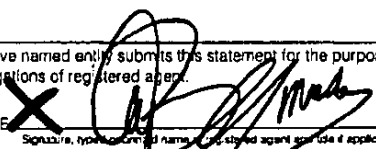
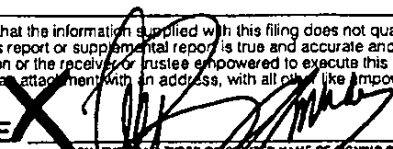


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
06-13-2005 9000N030 ***150.00
F384957

05 JUN 21 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S34957					
1. Entry Name 7190 INC.					
Principal Place of Business 7190 SW 87TH AVENUE MIAMI, FL 33173-2508 US		Mailing Address 7190 SW 87TH AVENUE MIAMI, FL 33173 US			
2. Principal Place of Business 14872 SW 22 Terrace Suite, Apt. #, etc.		3. Mailing Address 14872 SW 22 Terrace Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0253175	
Zip 33185		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERMUDEZ, ALBERTO 7190 SW 87TH AVENUE MIAMI, FL 33173-2508		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14872 SW 22 Terrace City Miami FL Zip Code 33185		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 		Alberto Bermudez, Director		DATE 5/1/05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BERMUDEZ, ALBERTO 7190 SW 87TH AVENUE MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bermudez Alberto 14872 SW 22 Terrace Miami, FL 33185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 powers like empowered.					
SIGNATURE 		Alberto Bermudez, Director		DATE 5/1/05	
305 -		389-2138			