2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P96000080425 Apr 24, 2007 08:00 AM **Secretary of State** 1. Entity Name 7211 CORP. Principal Place of Business Mailing Address C/O ADVANCE DEVELOPMENT CORP. 21058 ROSEDOWN COURT BOCA RATON FL 33433 C/O ADVANCE DEVELOPMENT CORP. 21034 ROSEDOWN CT **BOCA RATON FL 33433** 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 65-0700379 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo WEISS, JEFFREY J 21058 ROSEDOWN CT Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered effice 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 like if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition mu. Delete HILL WEISS, JEFFREY J NAMO NAME 05/04/07-80062-020 150.00 21034 ROSEDOWN CT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP TIELE ☐ Change Addition TITLE Delete NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-7(P CITY-ST-ZIP Addition Delote une. Change JHRE_ NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition ME TITLE NAMI STREET ADDRESS STREET ADDRESS CITY+SI-ZIP CITY-ST-7IP Change Addition Dclcle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE mu: NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+SI-ZIP

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 earl; 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.

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information

SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 07 561-487-911