

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000064624

**Entity Name:** 7245 ASSOCIATES, INC.

**Current Principal Place of Business:**

C/O WILLIAM GRANT  
4950 LEJUNE ROAD  
MIAMI, FL 33134

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC3380807675**

**Current Mailing Address:**

C/O WILLIAM GRANT  
4950 LEJUNE ROAD  
MIAMI, FL 33134 US

**FEI Number:** 65-0774844

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANT, WILLIAM T  
4950 LEJUNE ROAD  
MIAMI, FL 33134 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            GRANT, WILLIAM T  
Address        4950 LEJUNE ROAD  
City-State-Zip: MIAMI FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM T GRANT

D

04/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date