2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 27, 2004 08:00 AM **DOCUMENT # 343899 Secretary of State** 1. Entity Name 7200 CORP Principal Place of Business Mailing Address 2775 W. OKEECHOBEE RD. 2775 W. OKEECHOBEE RD. HIALEAH, FL 33010 HIALEAH, FL 33010 01212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1263902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GINSBURG, MURRAY DO NOT WRITE 2775 W OKEECHOBEE RD HIALEAH, FL 33010 IN THIS SPACE . 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GINSBURG MURRY STREET ADDRESS 2775 W. OKEECHOBEE ROAD CITY-ST-ZIP HIALEAH, FL U00000015334 TILLE NAME GINSBURG, ANDREW 01/27/04-80048-022 150.00 STREET ADDRESS 2775 W OKEECHOBEE ROAD CITY-\$1-2P HIALEAH, FL TITI F NAME DAVIS, RANDY STREET ADDRESS 2775 W. OKEECHOBEE RD. DO NOT WRITE CITY-ST-ZIP HIALEAH, FL 33010 TITLE IN THIS SPACE PRUSSIN, OTTILIE NAME STREET ADDRESS 2775 W OCKOCHOBEE DR CITY-ST-ZIP HIALEAH, FL 33010 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

AMDREW GINSBURG

305-887-6570

Davime Phone #