

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


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

04-26-2004 90500 018 \*\*\*150.00

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04052004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 344354</b> 1. Entity Name S. W. 7TH STREET CORP.			
Principal Place of Business 9192 CORAL WAY SUITE 201 MIAMI, FL 33165		Mailing Address 9192 CORAL WAY SUITE 201 MIAMI, FL 33165 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33135		Country USA	
4. FEI Number 59-1273063		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, ROSA 9881 SW 60TH STREET MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DICIZ, ROSA 9881 SW 60TH ST MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Diaz, Rosa 9881 S.W. 60th Street Miami, FL 33173
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<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 other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 4-14-04 Daytime Phone #: 305-596-9301	