2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State 03-08-2005 90185 033 ***150.00

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| DOCUMENT # 663605 1. Entity Name 7201 CORP. | 03-08-2003 90183 033 ***150.00 |
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| Principal Place of Business 7800 W 25TH AVE 17800 W 25TH AVE HIALEAH, FL 33016 Maiting Address 7800 W 25TH AVE HIALEAH, FL 33016 | 66008313 |
| DO NOT WRITE IN THIS SPA | 01062005 No Chg-P CR2E034 (10/03) CE 4. FEI Number - Applied For |
| 8. Name and Address of Current Registered Agent | 59-2045070 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| ZAITZ, IRWIN 7800 W 25TH AVE HIALEAH, FL 33014 | DO NOT WRITE IN THIS SPACE |
| 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 Signature, typed or pretend name of registered agent and little 4 approache. (NOTE: Registered Agent agents required when remailing) DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campsign Financing Trust Fund Contribution. Added to Fees | |
| ID. OFFICERS AND DIRECTORS | - |
| NAME SUPERSTEIN, NORMAN STRET ADDRESS 7925 NW 12TH STREET | |
| CITY-SI-ZIP MIAMI, FL | |
| TILE P NUME ZAITZ, IRWIN | 71 |
| STREET ADDRESS 7800 W 25TH AVE | |
| TITLE | |
| NAME STREET ADDRESS | DO NOT WRITE |
| TITE | - - |
| MAME STRET ADDRESS | IN THIS SPACE |
| CITY-ST-DP | |
| TILE NAME | |
| STRET ADDRESS CITY-SI-ZIP | |
| nne | 1 |
| MAME STREET ADDRESS | |
| CITY-St-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the ex- | emption stated in Section 119 07(3)(i), Florida Statutes, I further certily 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 path; that I am an officer or director of the corporation or the receiver is trusted among effect 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 last other like empowered. | |
| SIGNATURE: | 18-1-05 705 550-5871 |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOIS OFFICER OR DIRECTOR Oide Objury Promit Oide O | |