


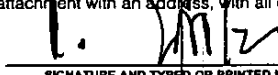


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 663605						<p style="font-size: 24px; font-weight: bold;">FILED</p> <p style="font-size: 18px;">06 APR 20 PM 1:21</p> <p style="font-size: 12px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Entity Name 7201 CORP.		Principal Place of Business 7800 W 25TH AVE HIALEAH, FL 33016		Mailing Address 7800 W 25TH AVE HIALEAH, FL 33016			
2. Principal Place of Business		3. Mailing Address				 0477-06 70341 050 8150.00 02062006 Chg-P CR2E034 (11/05) 06	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		4. FEI Number 59-2045070	
City & State		City & State		Zip		Country	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ZAITZ, IRWIN 7800 W 25TH AVE HIALEAH, FL 33014				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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: 				(NOTE: Registered Agent signature required when reinstating)		DATE: <u>4-12-06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				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		D <input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		BUPERSTEIN, NORMAN		NAME			
STREET ADDRESS		7925 NW 12TH STREET		STREET ADDRESS			
CITY-ST-ZIP		MIAMI, FL		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		ZAITZ, IRWIN		NAME			
STREET ADDRESS		7800 W 25TH AVE		STREET ADDRESS			
CITY-ST-ZIP		HIALEAH, FL		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date: <u>4-12-06</u>		Daytime Phone #: <u>305 556-5831</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							