


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 664435**

1. Entity Name  
 7TH AVE. GARDENS, INC.



|  |  |
|--|--|
| Principal Place of Business<br>C/O B V MAZZEO & CO, CPA<br>13501 SW 128 ST., STE 103<br>MIAMI, FL 33186 US | Mailing Address<br>C/O B V MAZZEO & CO, CPA<br>13501 SW 128 ST., STE 103<br>MIAMI, FL 33186 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1983242                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

OPPENHEIM, STEVEN  
 800 BRICKELL AVE  
 SUITE 1107  
 MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>RIBA, ANTONIO<br>13501 SW 128 ST, STE 103<br>MIAMI, FL 33186       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVD<br>RIBA, RAMON<br>13501 SW 128 ST STE 103<br>MIAMI, FL 33186          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>OPPENHEIM, STEVEN<br>800 BRICKELL AVE., STE 1107<br>MIAMI, FL 33131 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>CIBOTTI, ANDRES<br>6400 CARRIER DRIVE<br>ORLANDO, FL 32819           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 05/11/06-80045-017 150.00

**DO NOT WRITE IN THIS SPACE**

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:**  **STEVEN OPPENHEIM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ASST. SECRETARY** 4-24-06 3053718155  
Date Daytime Phone #