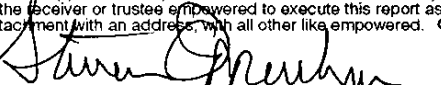


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90208 036 ***150.00

DOCUMENT # 664435 1. Entity Name 7TH AVE. GARDENS, INC.					
Principal Place of Business C/O B V MAZZEO & CO, CPA 13501 SW 128 ST., STE 103 MIAMI, FL 33186 US			Mailing Address C/O B V MAZZEO & CO, CPA 13501 SW 128 ST., STE 103 MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1983242	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OPPENHEIM, STEVEN 800 BRICKELL AVE SUITE 1107 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIBA, ANTONIO		NAME		
STREET ADDRESS	13501 SW 128 ST, STE 103		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33186		CITY - ST - ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIBA, RAMON		NAME	V/D	
STREET ADDRESS	13501 SW 128 ST STE 103		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33186		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OPPENHEIM, STEVEN		NAME	S	
STREET ADDRESS	800 BRICKELL AVE., STE 1107		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33131		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIBOTTI, ANDRES		NAME		
STREET ADDRESS	6400 CARRIER DRIVE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32819		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	V	
STREET ADDRESS			STREET ADDRESS	BAROSS, IMRE	
CITY - ST - ZIP			CITY - ST - ZIP	6400 CARRIER DRIVE	
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 on 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 SECRETARY 4/24/07 305-371-8555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		