


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**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



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1983242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 renating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000914956  
 05/08/08-80077-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIBA, ANTONIO 13501 SW 128 ST, STE 103 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIBA, RAMON 13501 SW 128 ST STE 103 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OPPENHEIM, STEVEN 800 BRICKELL AVE., STE 1107 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAROSS, IMRE 6400 CARRIER DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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* **SECRETARY** 4/22/08 305-371-8555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #