




**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90101 033 \*\*\*150.00

<b>DOCUMENT # 6763961</b>				<b>Secretary of State</b> 04-22-2004 90101 033 ***150.00	
1. Entity Name <b>7 Y 43, INC.</b>					
Principal Place of Business <b>4315 N.W. 7TH ST. MIAMI, FL 33126</b>		Mailing Address <b>4315 N.W. 7TH ST. MIAMI, FL 33126</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>59-2539896</b> ✓	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>OSORIO, JOSE 4315 NW 7TH STREET MIAMI FLORIDA, FL 33126</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	OSORIO, JOSE	NAME			
STREET ADDRESS	622 N.W. 57 COURT	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OSORIO, CRUZANA	NAME			
STREET ADDRESS	622 N.W. 57 COURT	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		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 exemption stated in Section 119.07(3)(i), 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 _____ Day/Time Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					