

**2006 FOR. PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 683276

1. Entity Name

SEVEN FORTY CENTRAL CORP.



**FILED
Apr 27, 2006 8:00 am
Secretary of State**

04-27-2006 90148 011 ***150.00



1st MOORE CR2E034 (10/05)

2. Principal Place of Business <i>Same as Above</i>		3. Mailing Address <i>Same as above</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROTH, ANDREW 740 ALTON RD MIAMI BCH. FL 33139				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 *Andrew Roth*

Signature, Typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE *4-17-06*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D PAPIS MADOV, ALEX	<input type="checkbox"/> Delete	TITLE <i>D SAM GAFANOVICH</i> NAME <i>740 ALTON ROAD</i> STREET ADDRESS <i>MIAMI, Beach, FL 33139</i> CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D DUBLINSKI, LEIBEL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ZILBERBERG, SEYMON	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD SHVARTSMAN, BORIS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD ROTH, ANDREW	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DST AROCH, HEUDA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Boris Shvartsman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boris Shvartsman 4-17-06 534-0094

Daytime Phone #