

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 683600

1. Entity Name  
7-DIPPITY, INC.



Principal Place of Business  
1313 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 US

Mailing Address  
1313 PONCE DE LEON BLVD  
SUITE 301  
CORAL GABLES, FL 33134 US



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2052610

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEVIN, ELAINE L  
1313 PONCE DE LEON BLVD SUITE 301  
CORAL GABLES, FL 33134

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEVIN, ELAINE L. 1313 PONCE DE LEON BLVD., SUITE 310 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEVIN, ELAINE L. 1313 PONCE DE LEON BLVD, SUITE 301 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEVIN, SCOTT 1313 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000008845  
01/20/04-80082-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Elaine L. Sevin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/04 8057672-7675  
Date Daytime Phone #