2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 30, 2004 8:00 am
Secretary of State
09-30-2004 90012 010 ****70.00

DOCUMENT # 740522

1. Entity Name

SIDEREAL BROTHERHOOD 7, INC.

54073691

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
6700 BULL RUN RD., APT. A-272 MIAMI LAKES FL 33014	6700 BULL RUN RD., APT. A-272 MIAMI LAKES FL 33014

2. Principal Place of Business	3. Mailing Address
11111 BISCAYNE BLVD.	11111 BISCAYNE BLVD
Suite, Apt. #, etc. BLDG #1 APT. 1900	Suite, Apt. #, etc. BLDG #1 APT. 1900
City & State N. MIAMI, FL.	City & State N. MIAMI, FL
Zip / Country 33181 / USA	Zip / Country 33181 / USA

4. FEI Number 59-1846890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COMPERATORE, NELLY
6700 BULL RUN RD., APT. A-272
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name: COMPERATORE, NELLY
Street Address (P.O. Box Number is Not Acceptable): 11111 BISCAYNE BLVD. BLDG #1 APT. 1900
City: N. MIAMI FL Zip Code: 33181

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 reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMPERATORE, PASCUAL 6700 BULL RUN RD., APT. A-272 MIAMI LAKES FL 33014	☐ Delete	T/D COMPERATORE, PASCUAL 11111 BISCAYNE BLVD. BLDG #1 APT. 1900 N. MIAMI, FL 33181	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COMPERATORE, LORETO 68 OSWEGATCHIE HILLS NIANTIC CT 06357	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COMPERATORE, CARLOS A 68 OSWEGATCHIE HILLS NIANTIC CT 06357	☐ Delete	D COMPERATORE, CARLOS A 68 OSWEGATCHIE HILLS ROAD NIANTIC, CT 06357	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COMPERATORE, NELLY 6700 BULL RUN RD., APT. A-272 MIAMI LAKES FL 33014	☐ Delete	V/D COMPERATORE, NELLY 11111 BISCAYNE BLVD. BLDG #1 APT. 1900 N. MIAMI, FL 33181	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FERNANDEZ, MONICA 210 S.W. 23RD RD. MIAMI FL 33129	☐ Delete	D FERNANDEZ, MONICA 80 S.W. 17th ROAD MIAMI, FL 33129	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	P/D RIVERA, PIK KWAN 1664 CENTER GROTON ROAD LEDYARD, CT 06339	☐ Change ☑ Addition

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 617, 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: Carlos A. Comperatore CARLOS A. COMPERATORE SEPTEMBER 13, 2004 860.739.6685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #