

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740522

FILED
Jul 24, 2005
Secretary of State

Entity Name: SIDEREAL BROTHERHOOD 7, INC.

Current Principal Place of Business:

11111 BISCAYNE BLVD
BLDG #1 APT 1900
N. MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11111 BISCAYNE BLVD
BLDG #1 APT 1900
N. MIAMI, FL 33181

New Mailing Address:

FEI Number: 59-1846890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COMPERATORE, NELLY
11111 BISCAYNE BLVD
BLDG #1, APT 1900
N. MIAMI, FL 33181 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: COMPERATORE, PASCUAL
Address: 11111 BISCAYNE BLVD, BLDG #1 APT 1900
City-St-Zip: N. MIAMI, FL 33181

Title: D () Delete
Name: COMPERATORE, CARLOS A
Address: 68 OSWEGATCHIE HILLS
City-St-Zip: NANTIC, CT 06357

Title: VD () Delete
Name: COMPERATORE, NELLY
Address: 11111 BISCAYNE BLVD. BLDG #1 APT 1900
City-St-Zip: N. MIAMI, FL 33181

Title: D () Delete
Name: FERNANDEZ, MONICA
Address: 80 S.W. 17TH ROAD
City-St-Zip: MIAMI, FL 33129

Title: PD () Delete
Name: RIVERA, PIK KWAN
Address: 1664 CENTER GROTON RD
City-St-Zip: LEDYARD, CT 06339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COMPERATORE, CARLOS

D

07/24/2005

Electronic Signature of Signing Officer or Director

Date