2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852379

Address:

City-St-Zip:

1221 BRICKELL AVENUE

MIAMI, FL 33131

Entity Name: 7FLL ONE INC.

FILED May 07, 2009 Secretary of State

Littly Nai	me. ZELL ON	L INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	BERKOWITZ KELL AVE., #2 33131	2100			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	BERKOWITZ KELL AVE., #: 33131	2100			
FEI Number:	: 13-3108294	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
	KELL AVE.	i, P.A. %PAUL BERKOWITZ			
	named entity e of Florida	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (FERNANDEZ, S 1221 BRICKEL MIAMI, FL 331	L AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST (BERKOWITZ, I 1221 BRICKEL MIAMI, FL 331	L AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BOYNE, JOHN 1221 BRICKEL MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () BERKOWITZ, I) Delete PAUL	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PAUL BERKOWITZ DST 05/07/2009