


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # FC0000003376 1. Entity Name 7871, INC.	
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Principal Place of Business 65 N.E. 27TH ST. MIAMI, FL 33137	Mailing Address 65 NE 27TH ST MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE

FILED
2004 MAY 14 PM 3: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0922031	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THULIN, JOHN
65 NE 27TH ST
MIAMI, FL 33137

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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 \$550.00
Due by September 8, 2004**

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	PCDS FRIEDHEIM, RAYMOND 65 NE 27TH ST MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIMANN, ROBERT 65 NE 27TH ST MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THULIN, JOHN 65 NE 27TH ST MIAMI, FL 33137
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700036547497
05/18/04--01038--021 **550.00

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5/14/04

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #