


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J17836</b>	
1. Entity Name BDL SEVEN, INC.	

Principal Place of Business JOHN BIELEJESKI, JR SUITE 101 FORT LAUDERDALE, FL 33308	Mailing Address 4367 NORTH FEDERAL HIGHWAY SUITE 101 FORT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2685795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  BIELEJESKI, JOHN JR. 4141 N.E. 28TH AVENUE FORT LAUDERDALE, FL 33308
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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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIELEJESKI, JOHN JR. 4141 N.E. 28TH AVENUE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTAS, GEORGETTE R. 3430 GALT OCEAN DR SUITE 611 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDOLPH, JAMES 980 NORTH FEDERAL HWY, SUITE 312 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIELEJESKI, ELVA 4141 NE 28TH AVENUE FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80040-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** John Bielejeski **JOHN BIELEJESKI** 1-9-08 954772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **8222**