

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M41198

1. Entity Name
SEVEN J CORPORATION



Principal Place of Business
**26100 SW 112TH AVENUE
HOMESTEAD, FL 33032**

Mailing Address
**26100 SW 112TH AVENUE
HOMESTEAD, FL 33032**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2753430

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRITZ, JOHN CALVIN
26100 SW 112 AVE.
MIAMI, FL 33032**

**DO NOT WRITE
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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	FRITZ, JEFFREY ERROL
STREET ADDRESS	8343 NW 145 TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	DP
NAME	FRITZ, JOHN CALVIN
STREET ADDRESS	10950 SW 27 ST
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	DS
NAME	FRITZ, JAMES LOUIS
STREET ADDRESS	6527 SOUTH I-25
CITY-ST-ZIP	CASTLE ROCK, CO 80109
TITLE	DAS
NAME	FRITZ FLOYD, JENNIFER
STREET ADDRESS	9729 NORTH GRAND DUKE CIRCLE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	DT
NAME	FRITZ, JACK STEPHEN
STREET ADDRESS	16801 SW 78TH PLACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/07-80025-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07

Date

305-258-2411

Daytime Phone #