## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N03000000503**

1. Entity Name

SEVENTH AVENUE CORRIDOR INITIATIVE, INC.



FILED Feb 02, 2005 08:00 AM Secretary of State

Principal Place of Business 3050 BISCAYNE BOULEVARD SUITE 300 MIAMI, FL 33137 US Mailing Address

3050 BISCAYNE BOULEVARD SUITE 300 MIAMI, FL 33137 US



01052005 No Chg-NP

CR2E037 (10/03)

Daytime Phone #

4.	FEI Number	 	Applied For
	81-0592022		Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

M. GILL & ASSOCIATES, INC. 4770 BISCAYNE BOULEVARD SUITE 1050 MIAMI, FL 33137

## 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								
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finance     Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS		,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLACE, AUNDRA C 3050 BISCAYNE BOULEVARD, SUITI MIAMI, FL 33137	<b>≡</b> 300						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARDNER, CAROL 645 NORTH WEST 62 ST., STE 300 MIAMI, FL 33150				02/03/05-80002-020 61.25			
TITLE NAME STREET ADDRESS CRY-ST-ZIP	D FINNIEE, BRYAN K 645 NORTH WEST 62 ST., STE 300 MIAMI, FL 33137			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000 51001 11112 52101, 00112 000			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-			
12. I hereby certify that the information supplied with this filling 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 cath; 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 in Block 10 or Block 11 if								