

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # N03000000503**

1. Entity Name  
**SEVENTH AVENUE CORRIDOR INITIATIVE, INC.**



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

Mailing Address  
**3050 BISCAYNE BOULEVARD  
SUITE 300  
MIAMI, FL 33137 US**



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**81-0592022**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**M. GILL & ASSOCIATES, INC.  
4770 BISCAYNE BOULEVARD  
SUITE 1050  
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 Aundra C. Wallace  
Signature, typed or printed name of registered agent and title if applicable

**Aundra C. Wallace**

**01/09/07**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	WALLACE, AUNDRA C
STREET ADDRESS	3050 BISCAYNE BOULEVARD, SUITE 300
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	C
NAME	GARDNER, CAROL
STREET ADDRESS	645 NORTH WEST 62 ST., STE 300
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	D
NAME	MIAMI-DADE EMPOWERMENT TRUST, INC.
STREET ADDRESS	3050 BISCAYNE BLVD., SUITE 300
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000594693  
01/23/07-80010-005 61.25

**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 617, 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: Aundra C. Wallace **Aundra C. Wallace** **01/09/07** **(305) 372-7620**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #