


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N26893 1. Entity Name GREATER SEVENTH AVENUE IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business KRESSLY CORPORATION 746 N W 107TH ST MIAMI FL 33168 US		Mailing Address KRESSLY CORPORATION 746 N W 107TH ST MIAMI FL 33168 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0085243	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applied	
6. Name and Address of Current Registered Agent KRESSLY, D. E. W. 746 N W 107TH ST C/O KRESSLY CORP MIAMI FL 33168				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTELL, PAUL J 12501 NW 7 AVE NO. MIAMI FL 33168	U0000044 7878 03/08/06-80075-016 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COBO, BLANCA 13490 NW SEVENTH AVE. NORTH MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIBORG, JIM 12566 N W 7TH AVENUE NORTH MIAMI FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GITLAN, RON 10992 NW SEVENTH AVE MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRESSLY, D.E.W. 746 NW 107TH ST MIAMI FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGER, ROGER 8901 N W 7 AVE MIAMI FL 33150	<input type="checkbox"/> Change <input type="checkbox"/> Add			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

2/27/06