

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P01000021986**

1. Entity Name  
**SEVEN GROUP CORP.**



Principal Place of Business

**9240 SW 64 ST  
MIAMI, FL 33173**

Mailing Address

**9240 SW 64 ST  
MIAMI, FL 33173**



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1081859**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOLARES, IRMA ESQ  
777 BRICKELL AVE, STE 500  
MIAMI, FL 33131**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000246035  
02/28/05-80047-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ATIENZA, EDUARDO
STREET ADDRESS	9240 SW 64 ST
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	SOLARES, JOSE J
STREET ADDRESS	9240 SW 64 ST
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	MORENO, ANTONIO
STREET ADDRESS	3631 SW 132 CT
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	FOLGUEIRA, BASILIO
STREET ADDRESS	745 BENAVENTO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	ALEGRIA, MANUEL
STREET ADDRESS	6090 W 18 AVE, #335
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #