2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 08:00 AM Secretary of State

DOCUMENT # P01000038222 1. Entity Name SEVEN TWENTY-ONE SOUTHWEST CORP.				Secretary of State				
Principal Place 721 SW 2 ST FT LAUDERD		Mailing Address 721 SW 2 ST FT LAUDERDALE, FL 33301						
D	O NOT WRITE	IN THIS SPA	CE	04232006 4. FEI Numb 65-110	No Chg-P	CR2E034 (11/05)	plied For t Applicable tional	
6. Name and Address of Current Registered Agent								
3326 NE 3	ROBERT J 3RD ST RDALE, FL 33308		•	NOT W				
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 retinataling) DATE								
File Nowill FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees	000000535857 05/08/06-80063-018 150.00			
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE	OFFICERS AND C PSD MILGROM, STEVEN 721 SW 2 ST FT LAUDERDALE, FL 33301	DIRECTORS		_	- -			
NAME STREET ADDRESS CITY-ST-ZIP THEE		· · · · · -	_					
NAME STREET ADDRESS CXY-ST-ZIP	VAME STREET ADDRESS DITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS				IIN	1 113 Sr	ACE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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 regeiver 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:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STRILET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

954 467-7393

STEVEN MILGROM