

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS
04 AUG -3 PM 2:20

DOCUMENT # P01000043512	
1. Entity Name 2815 N.W. 7TH STREET CORPORATION	

Principal Place of Business 2101 S.W. 8TH STREET MIAMI, FL 33135	Mailing Address P.O. BOX 140214 CORAL GABLES, FL 33114
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2. Principal Place of Business 6697 SW 70 Avenue Suite, Apt. #, etc.	3. Mailing Address 6697 SW 70 Avenue Suite, Apt. #, etc.
City & State Miami, FL 33143 Zip 33143	City & State Miami, FL 33143 Zip 33143
Country USA	Country USA



07292004	Chg-P	CR2E034 (10/03)
4. FEI Number 65-1117070	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER SUITE 3550 TWO SOUTH BISCAYNE BLVD. MIAMI, FL 33131
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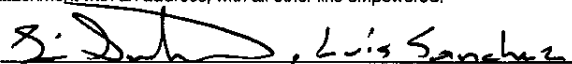
7. Name and Address of New Registered Agent Name R.L. Magram, P.A. Street Address (P.O. Box Number is Not Acceptable) 6697 S.W. 70 Avenue City Miami FL Zip Code 33143

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  DATE 7/30/04

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, LUIS P.O. BOX 140214 CORAL GABLES, FL 33114 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Luis F. Sanchez 6697 SW 70 Ave. Miami, FL 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Stefanie C. Sanchez 6697 SW 70 Ave. Miami, FL 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Martha F. Bermudez Magram 6697 SW 70 Avenue Miami, FL 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700040251397 08/17/04--01059--011 **\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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	7/30/04 305-740-7978 Date Daytime Phone #