2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG -3 PM 2:20

DOCUMENT # P01000043512

1. Entity Name
2815 N.W. 7TH STREET CORPORATION

Principal Place of Business	Mailing Address
2101 S.W. 8TH STREET MIAMI, FL 33135	P.O. BOX 140214 CORAL GABLES, FL 33114

07292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6697 SW 70 Avenue	6697 SW 70 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33143	City & State: Miami, FL 33143
Zip: 33143 Country: USA	Zip: 33143 Country: USA

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	7. Name and Address of New Registered Agent
LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER SUITE 3550 TWO SOUTH BISCAYNE BLVD. MIAMI, FL 33131	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: Ronald L Magram 7/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, LUIS P.O. BOX 140214 CORAL GABLES, FL 33114	XX Delete	P Luis F. Sanchez 6697 SW 70 Ave. Miami, FL 33143	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S/T Stefanie C. Sanchez 6697 SW 70 Ave. Miami, FL 33143	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP Martha F. Bermudez Magram 6697 SW 70 Avenue Miami, FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700040251397 08/17/04--01059--011 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Luis Sanchez 7/30/04 305-740-7978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #