

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000043512

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



Principal Place of Business
6697 SW 70 AVENUE
MIAMI, FL 33143

Mailing Address
6697 SW 70 AVENUE
MIAMI, FL 33143



06092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1117070	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

R.L. MAGRAM, P.A.
6697 SW 70 AVENUE
MIAMI, FL 33143

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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
(Due by September 7, 2005)

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SANCHEZ, LUIS F
STREET ADDRESS	6697 SW 70 AVE.
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	ST
NAME	SANCHEZ, STEFANIE C
STREET ADDRESS	6697 SW 70 AVE.
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	VP
NAME	BERMUDEZ MAGRAM, MARTHA F
STREET ADDRESS	6697 SW 70 AVENUE
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/17/05-80001-004 158.75

**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)(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

Date

Daytime Phone #

6/9/05 (305) 740-7779