

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90012 039 \*\*\*150.00

**20054162**



08162006 Chg-P CR2E034 (11/05)

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

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

Name **Andrew M. Feldman**  
Street Address (P.O. Box Number is Not Acceptable)  
**2655 South Le Jeune Rd.**  
**5th Floor**  
City **Coral Gables** FL Zip Code **33134**

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]*, **Andrew Feldman**

**9/4/06**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SANCHEZ, LUIS F**  
STREET ADDRESS **6697 SW 70 AVE.**  
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **SANCHEZ, STEFANIE C**  
STREET ADDRESS **6697 SW 70 AVE.**  
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **BERMUDEZ MAGRAM, MARTHA F**  
STREET ADDRESS **6697 SW 70 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **President**

**9/4/06**

**786 246 2846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

20054162

Division of Corporations  
Annual Report/Uniform Business Report Section  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Annual Report – 2815 NW 7<sup>th</sup> Corporation; Document #P01000043512

To Whom It May Concern:

Please be advised that we are aware of the fact that the annual report on the above referenced account is being remitted after May 1, 2006. This letter is to inform you that we never received the annual report notice in regards to this document number.

As a result of this and pursuant to section 607.193 of the Florida Statutes, we request a waiver of the \$400 late fee. Enclosed is the annual report for the above referenced company along with a check in the amount of \$150.00.

Should you have any questions, please feel free to contact me.

I thank you in advance for your courtesy and understanding.

Enclosures

By: 

Luis Sanchez President  
(Print name and title)

9/4/06  
Date