2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000090848 **DOCUMENT #**

1. Entity Name



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 91036 045 ***150.00

SEVEN D	EALS & MORE, INC.						
Principal Place of Business 1000 NW 135TH COURT MIAMI FL 33182 Mailing Address 1000 NW 135TH COURT MIAMI FL 33182				• • •			
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Principal Place of Business 3. Mailing Address					ili fo il je it illi etil		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		— ☐ CHECK HERE	IF MAKING CHANG	BES .	
City & State		City & State		4. FEI Number 65-1136844		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New R			
DIAT FILE	ne.		Name	Name .			
DIAZ, ELV	135TH COURT		Street Address	s (P.O. Box Number is Not Acceptable)		
MIAMI FL 33182				" - May (" /)			
	*. *		City		FL Zip (Code	
	named entity submits this statement for	r the purpose of changing its	registered office or regist	tered agent, or both, in the State of Flo	rida. I am familiar w	ith, and accept	
SIGNATURE (LINA VID) Flvis Diaz 4/17/03							
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requi		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Fir Trust Fund Contributio		5.00 May Be	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Chan	nge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DIAZ, ELVIS 1000 NW 135TH COURT MIAMI FL 33182		NAME STREET ADDRESS CITY-ST-ZIP		•	170	
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NAME		;	NAME .				
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CITY-ST-ZIP			CITY-ST-ZIP	A 140 0-7570 Ft 1 1 5	LE ALL MARKET	h = !=6=====	
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. Le same legal effect as if made under l	i turther certify that t nath: that I am an off	rie information icer or director	

indicated on this report or supplemental report is true and accurate and mat my signature shall have the same legal effect as it made under dain; that it 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 pay address, with all other like empowered.