

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000051990 1. Entity Name 777 REAL ESTATE, INC.	
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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0457062	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GIL, TOMAS 777 N.W. 103 STREET MIAMI, FL 33150
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**DO NOT WRITE
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
After May 1, 2004 Fee will be \$550.00**

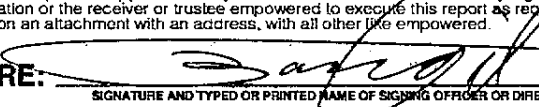
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIL, TOMAS 777 N.W. 103 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATA, JOSE 777 N.W. 103 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, PABLO 777 N.W. 103 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, TONY 777 N.W. 103 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/04/04-80098-020 150.00

**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 life empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04
Date

Daytime Phone #