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**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000033428</b>		
1. Entity Name SEVENTH AVENUE LAND, INC.		
Principal Place of Business 48 EAST FLAGLER ST., STE. 379 MIAMI, FL 33131		Mailing Address 48 EAST FLAGLER ST., STE. 379 MIAMI, FL 33131
		
<b>DO NOT WRITE IN THIS SPACE</b>		
03062008 No Chg-P CR2E034 (11/05)		4. FEI Number 16-1658509
		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES, FL 33134		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		U00000852275 03/26/08-80021-019 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD GOLD, SALOMON 48 EAST FLAGLER ST., STE. 379 MIAMI, FL 33131	
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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:  <b>Salomone Gold, Manager</b> 3/6/2008 305-374-5516		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		