2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000024918

1. Entity Name
J.C & V 7 CORPORATION

Principal Place of Business Mailing Address

7248 NW 31 ST MIAMI, FL 33122 7248 NW 31 ST MIAMI, FL 33122 FILED Jul 23, 2007 08:00 Al Secretary of State



DO N	OT	WRITE	IN	THIS	SPACE
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07202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0714616

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OBISPO, JUAN C 20075 N.E. 3 COURT, APT. 5 MIAMI, FL 33179

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 Due by September 14, 200 7 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 OBISPO, JUAN C NAME STREET ADDRESS 20075 N.E. 3 COURT, APT. 5 CITY-ST-ZIP MIAMI, FL 33179 TITLE SANCHEZ, VANNESSA NAME STREET ADDRESS 20075 N.E. 3 COURT, APT. 5 MIAMI, FL 33179 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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 eport 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 trastee/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 aggress, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(9107

Daytime Phone #