

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069807

FILED
Jan 24, 2008
Secretary of State

Entity Name: 7 GROUP & ASSOCIATES, INC.

Current Principal Place of Business:

7627 WOODVIOLET DRIVE
RIVERVIEW, FL 33534

New Principal Place of Business:

701 BRICKELL AVENUE
SUITE 1550
MIAMI, FL 33131

Current Mailing Address:

7627 WOODVIOLET DRIVE
RIVERVIEW, FL 33534

New Mailing Address:

701 BRICKELL AVENUE
SUITE 1550
MIAMI, FL 33131

FEI Number: 20-2824066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RECORDKEEPING SOLUTIONS, INC.
2216 SE 24 PLACE
HOMESTEAD, FL 33035 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRUK, YOSSEL
Address: 1160 SW 159 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BRUK, ARIE
Address: 1160 SW 159 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIE BRUK

VP

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date