

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91002 041 \*\*\*150.00

DOCUMENT # P93000087430

1. Entity Name  
700 CORP.



Principal Place of Business  
700 N. ATLANTIC BLVD.  
FT. LAUDERDALE, FL 33304

Mailing Address  
% LERMAN AND LERMAN  
48 FLAGLER ST. PH #101  
MIAMI, FL 33131



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0463459	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**

LERMAN, JORGE  
48 EAST FLAGLER ST  
PH 101  
MIAMI, FL 33131

**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	P
NAME	BERGER, HARRY
STREET ADDRESS	48 E. FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33141
TITLE	VPD
NAME	BRYSKI, ARON
STREET ADDRESS	48 E. FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	VPD
NAME	BERGER, JOSEF
STREET ADDRESS	48 E. FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	LERMAN, JORGE
STREET ADDRESS	48 E. FLAGLER ST. PH 101
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	LERMAN, ISIDORO
STREET ADDRESS	48 E. FLAGLER ST PH 101
CITY-ST-ZIP	MIAMI, FL
TITLE	AT
NAME	BRYSKI, JANET
STREET ADDRESS	48 E FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33131

**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 like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/04