

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2005 08:00 AM
Secretary of State

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0463459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

P
BERGER, HARRY
48 E. FLAGLER ST.
MIAMI FL 33141

TITLE NAME ☐ Delete

VPD
BRYSKI, ARON
48 E. FLAGLER ST.
MIAMI FL

TITLE NAME ☐ Delete

VPD
BERGER, JOSEF
48 E. FLAGLER ST.
MIAMI FL

TITLE NAME ☐ Delete

SD
LERMAN, JORGE
48 E. FLAGLER ST. PH 101
MIAMI FL

TITLE NAME ☐ Delete

TD
LERMAN, ISIDORO
48 E. FLAGLER ST PH 101
MIAMI FL

TITLE NAME ☐ Delete

AT
BRYSKI, JANET
48 E FLAGLER ST
MIAMI FL 33131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

U00000330624
04/25/05-80189-001 150.00

TITLE NAME ☐ Change ☐ Addition

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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 #

4-20-05