2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011367

Name:

Address:

City-St-Zip:

SENS, GILBERT

1409 NW 124 AVENUE

PEMBROKE PINES, FL 33026

FILED Jul 12, 2005 Secretary of State

Entity Nar	ne: SEVEN PERC	ENT SOLUTION, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 8 SOUTH FL	320663 .ORIDA, FL 33082	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 8 SOUTH FL	320663 .ORIDA, FL 33082	US			
FEI Number:	65-0470494 FE	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FRIEDMAN, 1409 NW 124 AVE. PEMBROKE PINES, FL 33026 US			FRIEDMAN, ALAN 1409 NW 124 AVE. PEMBROKE PINES, F		
	named entity subm of Florida.	its this statement for the p	urpose of changing its registered	I office or registered agent, or both,	
SIGNATURE: ALAN FRIEDMAN				07/12/2005	
	Electronic Sig	gnature of Registered Age	ent	Date	
), F.S., the corporation did no	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delet FRIEDMAN, ALAN 1409 NW 124 AVE. PEMBROKE PINES, I		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delet FRIEDMAN, SUZANN 1409 NW 124 AVE. PEMBROKE PINES,	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delet	P	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALAN FRIEDMAN **PRES** 07/12/2005