2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 08:00 AM Secretary of State

DOCUMENT # P96000054891 1. Entity Name 7TH STREET BUILDING, INC.			Secretary of Stat
Principal Place of Business 7333 CORAL WAY MIAMI, FL 33155	Mailing Address 7333 CORAL WAY MIAMI, FL 33155		T 1 1880/1881 UR 1811/8 BUINT DRAN DRAN BENTE BENTE BUINT BUINT BUINT STADE (URSUBA) (1 1882)
			01032007 No Chg-P CR2E034 (11/05)
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For 65-0724217 Not Applicable
•			5. Certificate of Status Desired Sa.75 Additional Fee Required
DAVIDE, SALVATORE J 7333 CORAL WAY MIAMI, FL 33155 8. The above named entity submits this statement to the obligations of registered agent. SIGNATURE Signature typod or profed name of registered agent.		red office or registe	DO NOT WRITE IN THIS SPACE ared agent, or both, in the State of Florida. I am familiar with, and accept ad when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.	9. Election Campaign Fina		UUUUUU382994 6. 00 May Be 01/11/07-80054-006 150.00 ded to Fees
10. OFFICERS AND TITLE PSTD NAME DAVIDE, SALVATORE J SIREET ADDRESS 7333 CORAL WAY MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE

CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all the time time times upon the composition of the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11.

SIGNATURE:

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

TITLE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR