


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90005 008 ***150.00

DOCUMENT # P96000080425 1. Entity Name 7211 CORP.	
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Principal Place of Business C/O ADVANCE DEVELOPMENT CORP. 21034 ROSEDOWN CT BOCA RATON, FL 33433	Mailing Address C/O ADVANCE DEVELOPMENT CORP. 21034 ROSEDOWN CT BOCA RATON, FL 33433 <i>1900 NW Corporate Blvd</i> <i>Suite 302 E</i> <i>Boca Raton, 33431</i>
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24085578



07262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0700379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEISS, JEFFREY J 21034 ROSEDOWN CT BOCA RATON, FL 33433
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**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, JEFFREY J 21034 ROSEDOWN CT BOCA RATON, FL 33433
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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 # _____