


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Feb 02, 2005 08:00 AM  
Secretary of State

**DOCUMENT # P97000055177**  
1. Entity Name  
7401 CORP.



Principal Place of Business: 7220 SW 61 STREET, MIAMI FL 33143  
Mailing Address: 7220 SOUTHWEST 61 STREET, MIAMI FL 33143



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 65-0763181  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
VERSTER, JEANETTE  
7220 SW 61 ST  
MIAMI FL 33143

7. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PTD NAME: VERSTER, JEANETTE STREET ADDRESS: 7220 SOUTHWEST 61 STREET CITY-ST-ZIP: MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: SD NAME: VERSTER, MARTIN STREET ADDRESS: 7220 SOUTHWEST 61 STREET CITY-ST-ZIP: MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
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02/02/05-80040-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 other like empowered.

SIGNATURE: Jeanette Verster 1/28/05 (305) 6671824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #