


FILED
Jan 25, 2007 8:00 am
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

01-25-2007 90028 002 ***150.00

DOCUMENT # P97000099049

1. Entity Name
7200NW35 CORPORATION



H15 ✓
60006099

Principal Place of Business Mailing Address
7206 NW 36 AVE **P.O. BOX 453203**
MIAMI, FL 33147 **MIAMI, FL 33245**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7206 NW 35 AVE Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State City & State
MIAMI Fla **MIAMI Fla**
 Zip Country Zip Country
33147 **MIAMI Dade**

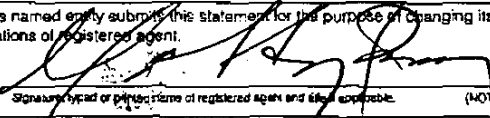
4. FEI Number Applied For
65-0803252 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SUAREZ-BURGOS, MARCO A
200 S.W. 30TH ROAD
MIAMI, FL 33129

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:  DATE: **1/22/07**

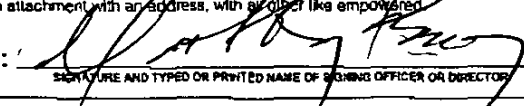
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SUAREZ-BURGOS, MARCO A
STREET ADDRESS	200 S.W. 30TH ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with an office like employment.

SIGNATURE:  DATE: **1/22/07** CITY AND PHONE: **305 962 3552**