


**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**



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.


City & State      City & State

**MIAMI Fla**      **MIAMI Fla**

Zip      Country      Zip      Country

**33147**      **MIAMI Dade**

H15 ✓  
**60006099**



01222007      Chg-P      CR2E034 (12/06)

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**

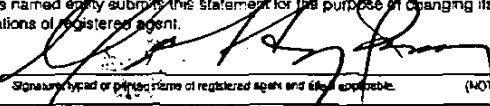
7. Name and Address of New Registered Agent

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**

Signature typed or printed name of registered agent and filer, as applicable. (NOTE: Registered Agent signature required when reinstating)

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**

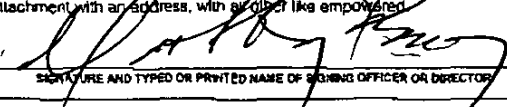
10. OFFICERS AND DIRECTORS

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

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

Signature and typed or printed name of signing officer or director