

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 28 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000103480

1. Entity Name
SECTION 7, TRACT 64 PROPERTY, INC.

Principal Place of Business
8433 W. OKEECHOBEE RD
HIALEAH GARDENS, FL 33016

Mailing Address
8433 W. OKEECHOBEE RD
HIALEAH GARDENS, FL 33016



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0922170	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

VALDES, PABLO J
8433 W. OKEECHOBEE RD
HIALEAH GARDENS, FL 33016

**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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, PABLO J 8433 OKEECHOBEE BLVD HIALEAH GARDENS, FL 33010
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04/30/04--01009--001 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this report 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

4/22/04 305-822-8000
Date Daytime Phone #