


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000107549  
 1. Entity Name  
 7337 ACQUISITION CORPORATION



Principal Place of Business      Mailing Address  
 7337 NW 37TH AVE.      7337 NW 37TH AVE.  
 MIAMI, FL      MIAMI, FL

**DO NOT WRITE IN THIS SPACE**



01162004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0831485      Not Applicable

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

6. Name and Address of Current Registered Agent  
 OLIVER, CARLOS R  
 8500 S.W. 28TH ST.  
 MIAMI, FL 33155

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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

U00000115768  
 04/16/04-80037-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALONZO, JOE
STREET ADDRESS	3290 NW SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VPSD
NAME	ALONZO, LUIS
STREET ADDRESS	3290 NW SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VPT
NAME	OLIVER CARLOS R
STREET ADDRESS	3290 NW SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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)(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 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: Carlos R. Oliver 4/13/04 (305) 694-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #