

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90298 019 \*\*\*150.00

DOCUMENT # P98000009765

1. Corporation Name  
EFFORT 7, INC.

Principal Place of Business  
82 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

Mailing Address  
82 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/30/1998

4. FEI Number  
65-0810414

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1016 SW 13 CT  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1016 SW 13 CT  
Suite, Apt. #, etc.

22 City & State  
23 MIAMI FLORIDA  
24 Zip 33135 25 Country USA

27 City & State  
28 MIAMI FL  
29 Zip 33135 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOYAL, PATRICK R  
82 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME EZERZER, JACOB  
STREET ADDRESS 17570 ATLANTIC BLVD.  
CITY-ST-ZIP NO. MIAMI BEACH FL 33179

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1016 SW 13th CT  
1.4 CITY-ST-ZIP MIAMI FL 33135

TITLE SD  
NAME EZERZER, ANNIE  
STREET ADDRESS 17570 ATLANTIC BLVD.  
CITY-ST-ZIP NO. MIAMI BEACH FL 33179

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1016 SW 13th CT  
2.4 CITY-ST-ZIP MIAMI FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

305-860-0033

Daytime Phone #

CR2E034 (1/1/98)