


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90005 039 \*\*\*150.00

DOCUMENT # P98000103449

1. Entity Name <b>777 INTERNATIONAL MALL, INC.</b>	
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Principal Place of Business <b>145 E FLAGLER ST MIAMI, FL 33131 US</b>	Mailing Address <b>130 E. FLAGLER ST C-5 MIAMI, FL 33131 US</b>
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2. Principal Place of Business <b>145 E. Flagler St Suite, Apt. #, etc. Suite C-5</b>	3. Mailing Address <b>145 E. Flagler St Suite, Apt. #, etc. C-5</b>
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City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33131</b>	Country <b>Dade</b>



02032006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0880983</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AVNRI, MARLON  
6 S. HIBISCUS DR.  
MIAMI BEACH, FL 33139**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>AVNRI, MARLON</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>6 S HIBISCUS DR</b>	CITY-ST-ZIP <b>MIAMI BCH, FL 33139</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without like empowerment.

**SIGNATURE** \_\_\_\_\_ **Pres. 2/9/06 305 379 1925**

\_\_\_\_\_ Daytime Phone # \_\_\_\_\_