2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90204 027 ***150.00

DOCUMENT # P98000103449 1. Entity Name 777 INTERNATIONAL MALL, INC.					01-16-2007 90204 027 ***150.00			
Principal Plac	e of Business	Mailing Address				6000	0929	
145 E FLAGLER ST		130 E. FLAGLER ST				0000	0000	
C-5 MAMI, FL 33131 US		C-5 Miami, Fl 33131 US			J 103 (103) 111	A IAIRI ATKA OSIN OSIN SE	HTI (ISH ARISD INH AICH SIGIS	a h ea i ii iaa i
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 145 E. FLACKER S						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112007	Chg-P	CR2E034 (12/06)
City & State		City & State	=/	•	4. FEI Numbe 65-088		 	opplied For lot Applicable
Zip	Country	Zip 33/3/	Country US		5. Certificate	of Status Desired	☐ \$8.75 Ac Fee Requir	
6. Name and Address of Current Registered Agent 7. Name and Address of New Name						Address of New F	Registered Agent	
AVNRI, MARLON				MA	eLON.	M. A	UNERI	
6 S. HIBISCUS DR. MIAMI BEACH, FL 33139			Street Ac	ddress (P.C	O. Box Number	er is Not Acceptable	DR	
)						· . · . · . ·		
				City Miami Beach FL Zip Code 39				
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, type-de-printed name of registered agent and title if applicable. MARLON M. AUNERI 1-11-07 (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWILL FEE IS \$150.00 After May 1; 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTO	7S IN 11
TITLE	PD	Delete	TITLE NAME	PD		1. AVNI	Change	☐ Addition
NAME STREET ADORESS	6 S HISBISCUS DR	•		IMAR	LUL P			
CITY-ST-ZIP						TONG	RI	
ŦMLE	MICHAIN DOTI, FE 30138		STREET ADDRESS CITY-ST-ZIP			1.7000	RI	
NAME	MINIO DOTI, FE 30 103	☐ Delete	CITY-ST-ZIP TITLE				☐ Change	Addition
l	WICHWI DOT, T.C. 33139	☐ Delete	CITY-ST-ZIP TITLE NAME				·····	☐ Addition
STREET ADORESS CITY-ST-ZIP	WININ BOT, TE 30130	☐ Delete	CITY-ST-ZIP TITLE				·····	Addition
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I hereby certify that the information supplied with this filling 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 all other like empowered.

MARLON M. AUNERI 1/11/07 305 3791925

MATURE AND TYPED OR PRINTED HAME OF EIGNEING OFFICER OR DIRECTOR

Date Date Dayline Prone 8