


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90171 001 ***150.00

DOCUMENT # <i>P99000001261</i>	
1. Entity Name <i>SEVEN POINTS LLC</i>	

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24071700

2. Principal Place of Business <i>5581 NW 72nd Ave</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami FL</i>		City & State	
Zip <i>33166</i>	Country <i>MIAMI-DADE</i>	Zip	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number <i>65-0885435</i>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>VAZQUEZ HECTOR</i> Street Address (P.O. Box Number is Not Acceptable) <i>900 WEST 49 St. Suite 505</i> City <i>MIAMI</i> FL Zip Code <i>33012</i>		

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]* **04-28-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Minimum Fee: \$150.00 Annual Report Fee: \$250.00 Expedited UBR: \$150.00 Make Check Payable to: Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	<i>PV</i>	TITLE	
NAME	<i>DEL SOL, HECTOR</i>	NAME	
STREET ADDRESS	<i>5581 NW 72nd Ave Miami FL 33166</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **04/28/04 305-621-0902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #