


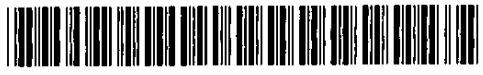
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # S21465 1. Entity Name 7301 UNIVERSITY DRIVE CORP.	
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Principal Place of Business 7800 W OAKLAND PARK BLVD. SUITE 101 SUNRISE, FL 33351	Mailing Address 7800 W OAKLAND PARK BLVD. SUITE 101 SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE

		
04132007	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0240332	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABRAMOWITZ, RICHARD 7800 W OAKLAND PARK BLVD. SUITE 101 SUNRISE, FL 33351	DO NOT WRITE IN THIS SPACE
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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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	DP
NAME	ABRAMOWITZ, RICHARD
STREET ADDRESS	7800 W OAKLAND PARK BLVD
CITY-ST-ZIP	SUNRISE, FL
TITLE	DSV
NAME	POMERANTZ, HOWARD L.
STREET ADDRESS	7800 W. OAKLAND PARK BLV
CITY-ST-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UD0000727779
 05/04/07-80062-008 150.00

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 all other like empowered.

SIGNATURE:  RICHARD ABRAMOWITZ 4/16/07 954-572-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #