

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P01000038222
1. Entity Name
SEVEN TWENTY-ONE SOUTHWEST CORP.



Principal Place of Business
721 SW 2 ST
FT LAUDERDALE, FL 33301
Mailing Address
721 SW 2 ST
FT LAUDERDALE, FL 33301



2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04262004 Cng-P CR2E034 (10/03)

4. FEI Number
65-1105674
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SLOTKIN, ROBERT J
3326 NE 33RD ST
FT LAUDERDALE, FL 33308

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: _____ DATE _____
Signature is typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

Table with 2 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City, ST, ZIP. Entry for Steven Milgrom, PSD.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, Name, Street Address, City, ST, ZIP. Includes a unique ID and date: U00000145858 05/03/04-80041-022 150.00

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 807, 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: Steven Milgrom Steven MILGROM 4-29-04 954 467 7398
Signature and typed or printed name of signing officer or director Date Office Phone #