
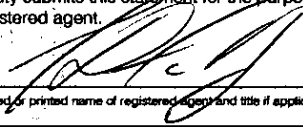



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90162 035 ****61.25

DOCUMENT # 751019						
1. Entity Name BEN-MOL CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 7327 BYRON AVENUE MIAMI BEACH, FL 33141 US			Mailing Address 7327 BYRON AVENUE MIAMI BEACH, FL 33141 US			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0666997		
				Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
URIBE CONSUELO 7327 BYRON AVE. APT 3 MIAMI BEACH, FL 33141			Name FRANCISCO DELA PAZ			
			Street Address (P.O. Box Number is Not Acceptable) 10585 SW 109 TH CT # 201			
			City MIAMI		FL	Zip Code 33176
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 			FRANCISCO DELA PAZ.		4/30/04	
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	URIBE, CONSUELO		NAME			
STREET ADDRESS	7327 BYRON AVE #3		STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SARDINA, JUAN		NAME			
STREET ADDRESS	7325 BYRON AVE #6		STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SEREBRENIK, OSCAR		NAME			
STREET ADDRESS	1816 CLEVELAND ROAD		STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	D DELA PAZ, FRANCISCO		
STREET ADDRESS			STREET ADDRESS	10585 SW 109 TH CT # 201		
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33176		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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 617, 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: 			FRANCISCO DELA PAZ		4-24-04 305 596 5655	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	