


**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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04192004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**65-0666997**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
~~URIBE CONSUELO~~  
~~7327 BYRON AVE.~~  
~~APT 3~~  
~~MIAMI BEACH, FL 33141~~

7. Name and Address of New Registered Agent  
 Name **FRANCISCO DELA PAZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10585 SW 109<sup>TH</sup> 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.** DATE **4/30/04**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	URIBE, CONSUELO	7327 BYRON AVE #3	MIAMI BEACH, FL 33141	<input type="checkbox"/>
TD	SARDINA, JUAN	7325 BYRON AVE #6	MIAMI BEACH, FL 33141	<input type="checkbox"/>
SD	SEREBRENIK, OSCAR	1816 CLEVELAND ROAD	MIAMI BEACH, FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** DATE **4-24-04** DAYTIME PHONE # **305 596 5655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #