


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 706389</b>			
1. Entity Name <b>MIAMI FIRE FIGHTERS' BENEVOLENT ASSOCIATION, INC.</b>			
Principal Place of Business <b>2980 NW S. RIVER DR MIAMI FL 33125 US</b>		Mailing Address <b>2980 NW S. RIVER DR MIAMI FL 33125 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FLORES, TOM L 2980 NW S. RIVER DR. MIAMI FL 33125</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/04)

4. FEI Number **59-0521118** Applied For  Not Applied

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete PICCIANO, DALE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	538 ZAMORA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete FLORES, TOM L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	12320 SW 100 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GALERA, CARLOS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	550 NE 51 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete HARRISON, HENRY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	16940 SW 301 ST	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete HARRISON, JAMES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	16940 SW 301 ST	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete WILLIG, STU	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	10225 SW 135 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	

100000227794  
02/14/05-80013-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Tom Flores **Tom Flores** 2-10-05 3056359613  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #