2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State

1. Entity Nam	MENT #723721 BENEVOLENCE, INC.			۱ I	01-18-2007 90097 030 ****61.25				
Principal Place of Business Mailing Address 12650 SW 6TH ST 410 12650 SW 6TH ST 410 PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL				US		! #M1 1 2510 (1 25 1 110	is Bian Ribn Gibn	BI'RN EIRN ÁIĞ!	F(1) 61 (F3)
2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072007 Cr	ng-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 59-165170)8		_ 	plied For
Zip	Country	Zip	Zip Cour		5. Certificate of Status Desired See Required Fee Required			litional	
	6. Name and Address of Current	Registered Agent	L	1	7. Name and Add	ress of New R	legistered Ac	ent	
				Name			<u> </u>	·	_
BORNSTEIN, ELLIOŤT 12650 SW 6TH ST K-410				Street Address	dress (P.O. Box Number is Not Acceptable)				
PEMBRON	KE PINES, FL 33027			City				7 in Cod	
Į.				City			FL	Zip Code	e
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.			ed office or regis		the State of Fig.	orida. Tam fai	miliar with,	and accept
	•		9. Election Campaign Financing Trust Fund Contribution.						
ļ	Filing Fee is \$61.25 Due by May 1, 2007				\$5.00 May Be Added to Fees		lake check rida Departn		
10.		Trust Fund (Flor	rida Departn	nent of St	ate .
10.	Due by May 1, 2007 OFFICERS AND DI	Trust Fund (Contributi	ion.	Added to Fees	Flor	rida Departn RS AND DIRE	nent of St	ate .
TITLE NAME	OFFICERS AND DITUTE BORNSTEIN, ELLIOTT	Trust Fund (11. TITLE	ion.	Added to Fees	Flor	rida Departn RS AND DIRE	nent of St	ate 10
TITLE NAME STREET ADDRESS	OFFICERS AND DI T BORNSTEIN, ELLIOTT 12650 SW 6TH ST K-410	Trust Fund (11. TITLE NAMI	ET ADORESS	Added to Fees	Flor	rida Departn RS AND DIRE	nent of St	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DI T BORNSTEIN, ELLIOTT 12650 SW 6TH ST K-410 PEMBROKE PINES, FL 33027	Trust Fund (11. TITLE NAMI	ion.	Added to Fees	Flor	rida Departn	nent of St ECTORS IN ☐ Change	ate 10
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12. I hereby certify that the information supplied with this filling 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 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:

Ellett Oomstein Signature and Typed on Printed Name of Signing Officer on Direction 954-437-4161