

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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