

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # J53211

1. Entity Name
FRANKEL BENAYOUN ARCHITECTS, INC.



Principal Place of Business
**1177 KANE CONCOURSE
SUITE 120
BAY HARBOUR ISLAND, FL 33154**

Mailing Address
**1177 KANE CONCOURSE
SUITE 120
BAY HARBOUR ISLAND, FL 33154**



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-2762736 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FRANKEL, MARKUS A
1177 KANE CONCOURSE
SUITE 120
BAY HARBOR ISLAND, FL 33154**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P FRANKEL, MARKUS A. 1177 KANE CONCOURSE, STE 120 BAY HARBOUR ISLAND, FL 33154 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BENAYOUN, IFHAT 1177 KANE CONCOURSE, STE 120 BAY HARBOUR ISLAND, FL 33154 |
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04/30/04-80134-007 150.00

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IN THIS SPACE**

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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/04** Daytime Phone # **868.3665**