2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M51194 BENZOL PROPERTIES CORP.



Principal Place of Business

Mailing Address

1320 S. DIXIE HWY.

1320 S. DIXIE HWY.

STE. 940

STE. 940

CORAL GABLES, FL 33146

CORAL GABLES, FL 33146

FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90205 043 ***150.00



DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-2799931	 Not Applicable
5. Certificate of Status Desired	 8.75 Additional ee Required

6. Name and Address of Current Registered Agent

HERSKOWITZ, BERNARD 1320 S.DIXIE HWY., STE.940 CORAL GABLES, FL 33146

SIGNATURE:

DO NOT WRITE IN THIS SPACE

APR 1 7 2007

Date

Daytime Phone #

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						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D HERSKOWITZ, BERNARD 1320 S. DIXIE HWY. #940 CORAL GABLES, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSKOWITZ, JEROME 1320 S. DIXIE HWY. #940 CORAL GABLES, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to exempte this report as required by Chapter 60f, 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.						