


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000005222 <b>1. Entity Name</b> BET-EL-MANA, INC.	
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<b>Principal Place of Business</b> 27330 SW 167TH AVE MIAMI, FL 33031	<b>Mailing Address</b> 27330 SW 167TH AVE MIAMI, FL 33031
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02262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1142417	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  JOSEFA & FELIX GONZALEZ 27330 SW 167TH AVE MIAMI, FL 33031
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**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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> GONZALEZ, JOSEFA 27330 SW 169 AVE MIAMI, FL 33031
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> GONZALEZ, FELIX 27330 SW 169 AVE MIAMI, FL 33031
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> ALICEA, WALDOMAR 27330 SW 169 AVE MIAMI, FL 33031
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> LOMBANA, ANDREA 27330 SW 169 AVE MIAMI, FL 33031
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

U00000130237  
04/26/04-80110-006 61.25

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**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 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> JOSEFA GONZALEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE:</b> 04-23-04 <small>Date</small>	<b>DAYTIME PHONE:</b> (305) 303-625 <small>Daytime Phone</small>
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