


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

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004877	
1. Entity Name MIAMI FIRE FIGHTER'S BENEVOLENT CHARITIES, INC.	

Principal Place of Business 2980 NW SOUTH RIVER DR. MIAMI, FL 33125	Mailing Address 2980 NW SOUTH RIVER DR. MIAMI, FL 33125
---	---

DO NOT WRITE IN THIS SPACE



04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 05-0531094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

FLORES, TOM
2980 NW SOUTH RIVER DR.
MIAMI, FL 33125

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PICCIANO, DALE 538 ZAMORA AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARRISON, HENRY 16940 SW 301 ST. HOMESTEAD, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FLORES, TOM 12320 SW 100 AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALERA, CARLOS 550 NE 51 ST. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRISON, JAMES 2607 COOLIDGE ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIG, STUART 10225 SW 135 ST. MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

U000000125187
04/22/04-80075-007 70.00

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.

SIGNATURE: Tom Flores Tom Flores 4-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #