2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

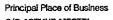
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FILED Mar 02, 2006 08:00 Al Secretary of State

DOCL	IMENT	. # No	160000	01271
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1. Entity Name

BENEVOLENT 195, INC.



Mailing Address

C/O ARTHUR MESTEL 4200 HILLCREST DR. #120 HOLLYWOOD, FL 33021 C/O MARTIN DERINGER 12650 SW 6ST, #101 PEMBROKE PINES, FL 33027

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02272006 No Chg-NP

CR2E037 (11/05)

4. FEI Number	 Applied For
59-1788313	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOBEL, AARON R ESQ 2020 NE 163 ST SUITE 300 NORTH MIAMI BEACH, FL 33162

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8. The above the obliga	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registered	d office or a	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE. Registered	Agent signatur	required when reinstating)	DATE
	Filling Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	eing 🖂	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		 	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MESTEL, ARTHUR 4200 HILLCREST DR. #120 HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DERINGER, MARTIN 12650 SW 6TH ST #101 PEMBROKE PINES, FL 33027				######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIENN, JOEL 845 NE 206 STREET NORTH MIAMI BEACH, FL 33179			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP	D METZ, GERALD 978 NAUTILIS ISLE DANIA BEACH, FL 33004		~	IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LEWIS 1400 SW 124 TERRACE #109 PEMBROKE PINES, FL 33027			•	
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 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:

NTURE AND TYPED OF PAINTS NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone #