2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001271

Entity Name: BENEVOLENT 195, INC.

Current Principal Place of Business:

FILED Feb 20, 2007 Secretary of State

C/O ARTHUR MESTEL 4200 HILLCREST DR. #120 HOLLYWOOD, FL 33021 **New Mailing Address: Current Mailing Address:** C/O MARTIN DERINGER 12650 SW 6ST, #101 PEMBROKE PINES, FL 33027 FEI Number: 59-1788313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOBEL, AARON R ESQ 2020 NÉ 163 ST SUITE 300 NORTH MIAMI BEACH, FL 33162 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDT () Delete (X) Change () Addition MESTEL, ARTHUR MESTEL, ARTHUR Name: Name: 4200 HILLCREST DR. #120 Address: 4200 HILLCREST DR. #120 Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021 Title: VDT (X) Change () Addition

Title: VD Name: DEI Address: 126

City-St-Zip:

VD () Delete DERINGER, MARTIN 12650 SW 6TH ST #101 PEMBROKE PINES, FL 33027

Title: SD () Delete Name: PIENN, JOEL

Address: 845 NE 206 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

City-St-Zip. NORTH WIIAWII BEACH, FL 33178

 Title:
 D
 () Delete

 Name:
 METZ, GERALD

 Address:
 978 NAUTILIS ISLE

 City-St-Zip:
 DANIA BEACH, FL 33004

Title: D () Delete Name: MILLER, LEWIS

Address: 1400 SW 124 TERRACE #109
City-St-Zip: PEMBROKE PINES, FL 33027

City-St-Zip:

DERINGER, MARTIN

12650 SW 6TH ST #101

PEMBROKE PINES, FL 33027

() Change () Addition

 $\begin{array}{lll} \mbox{Title:} & \mbox{D} & (\mbox{X}) \mbox{ Change } (\mbox{ }) \mbox{ Addition} \\ \mbox{Name:} & \mbox{DONOWITZ, LEO} \end{array}$

Address: 13455 SW 16TH CT F114 City-St-Zip: PEMBROKE PINES,, FL 33027

New Principal Place of Business:

Title: () Change () Addition

Name: Address: City-St-Zip:

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN DERINGER VDT 02/20/2007