2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001271

Title:

Name:

Address:

City-St-Zip:

FILED Apr 03, 2008 Secretary of State

| Entity Nan | ne: BENEVO | LENT 195, INC. | | | |
|---|--|-------------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| 4200 HILLO | JR MESTEL CREST DR. # OD, FL 3302 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 12650 SW | IN DERINGEI 6ST, #101 E PINES, FL | | | | |
| 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 | Name and Address of New Registered Agent: | |
| 2020 NE 16 SUITE 300 | | FL 33162 US | | | |
| The above in the State | | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agen | | | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (MESTEL, ARTH 4200 HILLCRE HOLLYWOOD, | ST DR. #120 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DERINGER, M 12650 SW 6TH | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PIENN, JOEL 845 NE 206 ST |) Delete REET BEACH, FL 33179 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DONOWITZ, L 13455 SW 16T | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARTIN DERINGER **VDT** 04/03/2008

() Delete

1400 SW 124 TERRACE #109

PEMBROKE PINES, FL 33027

MILLER, LEWIS

() Change () Addition