


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90064 032 \*\*\*150.00

<b>DOCUMENT # P00000034041</b>	
1. Entity Name <b>BEN MAOR INVESTMENT, INC.</b>	

Principal Place of Business <b>551 N.W. 77TH STREET SUITE 102 BOCA RATON, FL 33487</b>	Mailing Address <b>18181 N.E. 31ST COURT #2309 AVENTURA, FL 33160</b>
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**44005318**

2. Principal Place of Business <b>661 N.E. 177th Street</b>	3. Mailing Address <b>661 N.E. 177th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>N. MIAMI BEACH, FL</b>	City & State <b>N. miami Beach, FL</b>
Zip <b>33162</b>	Zip <b>33162</b>
Country <b>USA</b>	Country <b>USA</b>



01212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>SHADOWITZ, BETH I 551 N.W. 77TH STREET SUITE 102 BOCA RATON, FL 33487</b>	
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4. FEI Number <b>65-1050919</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent Name <b>YOSEF SHITZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>661 N.E. 177th STREET</b> City <b>N. MIAMI BEACH FL</b> Zip Code <b>33162</b>	
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHITZ, DAVID 18181 N.E. 31ST COURT, #2309 AVENTURA, FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O SHITZ, YOSEF 661 N.E. 177 STREET NORTH MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:** Yosef Shitz **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_