

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90093 041 ***150.00

DOCUMENT # P03000114695

1. Entity Name

B.E.N. DEVELOPMENT CORP.



Principal Place of Business

13155 SW 42ND ST
UNIT 107
MIAMI FL 33175

Mailing Address

13155 SW 42ND ST
UNIT 107
MIAMI FL 33175



2. Principal Place of Business

7003 NORTH WATERWAY DR.

3. Mailing Address

7003 NORTH WATERWAY DR.

Suite, Apt. #, etc.

219

Suite, Apt. #, etc.

219

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

Zip

33155

Country

4. FEI Number

20-0324509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

NAVARRO, BERNARDO
13155 SW 42ND ST
UNIT 107
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7003 NORTH WATERWAY DR.

SUITE 219

City

MIAMI

FL

Zip Code

33155

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NAVARRO, BERNARDO	
STREET ADDRESS	13155 SW 42ND ST	
CITY-ST-ZIP	MIAMI-FL 33175	
TITLE	GILBERT M. NAVARRO	<input type="checkbox"/> Delete
NAME	7003 NORTH WATERWAY DRIVE SUITE 219	
STREET ADDRESS	MIAMI, FLORIDA 33155	
CITY-ST-ZIP	VICE-PRESIDENT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7003 NORTH WATERWAY DR., SUITE 219
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERT M. NAVARRO

439-5829

4/28/06

Daytime Phone #