
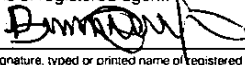
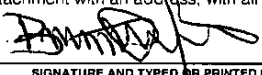


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90029 005 \*\*\*150.00

<b>DOCUMENT # P07000088122</b> 1. Entity Name <b>BEN U PROPERTY, INC.</b>					
Principal Place of Business <b>135 NW 163RD STREET N MIAMI BEACH, FL 33169</b>			Mailing Address <b>135 NW 163RD STREET N MIAMI BEACH, FL 33169</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number      Chg-P      CR2E034 (12/06) Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>CHUCK MOGBO, P.A. 2800 W OAKLAND PARK BLVD SUITE 209 OAKLAND PARK, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>BART OKORO</b> Street Address (P.O. Box Number is Not Acceptable) <b>135 NW 163rd Street</b> City <b>MIAMI</b> FL      Zip Code <b>33169</b>		
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  DATE <b>2/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OKORO, BARTHOLOMEW 135 NW 163RD STREET N MIAMI BEACH, FL 33169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OKORO, REGINA 135 NW 163RD STREET N MIAMI BEACH, FL 33169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete			
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 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:  DATE <b>2/18/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

ATTACHMENT

40029622

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)**Annual Report Online Filing**

Document Number P07000088122

Business Entity Name BEN U PROPERTY, INC.

FEI Number 26 - 0780981

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 135 NW 163RD STREET (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State N MIAMI BEACH, FL  
Zip Code & Country 33169

**Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 135 NW 163RD STREET  
Suite, Apt. #, etc.  
City, State N MIAMI BEACH, FL  
Zip Code & Country 33169

**Name And Address of Registered Agent**Name (Last, First, Middle, Title) Okoro Bartholomew  
- OR -

Business to serve as RA

Street Address In Florida 2750 W OAKLAND PARK BLVD SUITE 10 B (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State OAKLAND PARK, FL

40029622

#107 000088122

Zip Code &amp; Country

33311

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title

P

Name (Last, First, Middle, Title)

OKORO

BARTHOLOMEW

- OR -

Entity Name to serve as Officer/Director

Street Address

135 NW 163RD STREET

City, State

N MIAMI BEACH

FL

Zip Code &amp; Country

33169

**Name And Address #2**

Title

S

Name (Last, First, Middle, Title)

OKORO

REGINA

- OR -

Entity Name to serve as Officer/Director

Street Address

135 NW 163RD STREET

City, State

N MIAMI BEACH

FL

Zip Code &amp; Country

33169

**Name And Address #3**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

40029622

#P07000088/28

**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature

Bmm@

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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