


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90240 010 \*\*\*150.00

**DOCUMENT # P96000098864**

1. Entity Name  
**BIG BEN GROUP, INC.**



Principal Place of Business      Mailing Address

**4636 NW 7TH AVE**      **4636 NW 7TH AVE**  
**MIAMI, FL 33166**      **MIAMI, FL 33166**

**14022091**



2. Principal Place of Business      3. Mailing Address

**4636 N.W. 74TH AVENUE**      **4636 N.W. 74TH AVENUE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04132004      Chg-P      CR2E034 (10/03)

City & State      City & State

**MIAMI, FLORIDA**      **MIAMI, FLORIDA**

Zip      Country      Zip      Country

**33166**      **USA.**      **33166**      **USA.**

4. FEI Number      Applied For

**65-0343239**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARBOSA, DINORA**  
**2100 NE 24TH COURT**  
**MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name      **BARBOSA, DINORA**

Street Address (P.O. Box Number is Not Acceptable)  
**21000 N.E. 24TH COURT**

City      **MIAMI**      State      **FL**      Zip Code      **33180**

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: *Dinora Barbosa*      DATE: **4-30-04**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BARBOSA, DINORA</b>	
STREET ADDRESS	<b>2100 NE 24TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33180</b>	
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBOSA, DINORA</b>	
STREET ADDRESS	<b>21000 N.E. 24TH. COURT</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33180</b>	
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 exemption stated in Section 119.07(3)(i), 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: *Dinora Barbosa*      **DINORA BARBOSA**      **April 30, 2004**      **(305)640-9744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT 14022091



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 28, 2004

BIG BEN GROUP, INC.  
4636 NW 74th ave  
MIAMI, FL 33166

SUBJECT: BIG BEN GROUP, INC.  
Ref. Number: P96000098864

We have received your document for BIG BEN GROUP, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

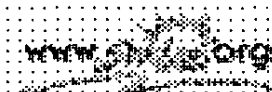
Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 504A00028333



# Division of Corporations

## Annual Report

Page 1

Document Number

P96000098864

Business Entity Name

BIG BEN GROUP, INC.

FEI Number

650343239

FEI Number Status

Applied For  Not Applicable  Current

Certificate of Status Desired  Yes  No

### Principal Place of Business

Address

4636 NW 7TH AVE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33166

### Mailing Address

Address

4636 NW 7TH AVE

Suite, Apt. #, etc.

14th Ave

City, State

MIAMI

FL

Zip Code & Country

33166

### Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BARBOSA

DINORA

-or- RA Business Name

21000

Address

2100 NE 24TH COURT

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33181

US

33180

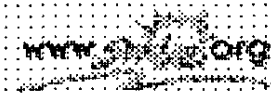
If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Dinora Barbosa*

Continue

Reset



# Division of Corporations

## Annual Report

Page 2

Document Number

**P96000098864**

Business Entity Name

**BIG BEN GROUP, INC.**

Election Campaign Financing Trust Fund Contribution  Yes  No

### Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country