


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000098864			
1. Entry Name BIG BEN GROUP, INC.			
Principal Place of Business 4636 NW 7TH AVENUE MIAMI, FL 33166		Mailing Address 4636 NW 7TH AVENUE MIAMI, FL 33166	
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent BARBOSA, DINORA 21000 NE 24TH COURT MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>X Dinora Barbosa</i> DATE: <i>3/29/05</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BARBOSA, DINORA 21000 NE 24TH COURT MIAMI, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000284086 04/01/05-80054-008 150.00
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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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: <i>X Dinora Barbosa</i>		Date: <i>3-29-05</i> Daytime Phone #: <i>305-640-974x</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



03242005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0343239 Applied For Not Applicable

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