


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90696 029 ***150.00

DOCUMENT # P98000006607

1. Entity Name
ALBERT BENDER & COMPANY, INC.



Principal Place of Business Mailing Address
P.O. BOX 630102 **P.O. BOX 630102**
MIAMI, FL 33163-0102 **MIAMI, FL 33163-0102**



2. Principal Place of Business 3. Mailing Address
2450 S.W. 137th AVE. **2450 S.W. 137th AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
215 **215**

04262004 Chg-P CR2E034 (10/03)

City & State City & State
Miami, FLA. **Miami, FLA.**
 Zip Country Zip Country
33175 **U.S.A.** **33175** **U.S.A.**

4. FEI Number Applied For
65-0810286 Not Applicable

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

6. Name and Address of Current Registered Agent
BENDER, AZRIEL
11323 SW 132 PLACE
MIAMI, FL 32186

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BENDER, AZRIEL	PO BOX 630102	MIAMI, FL 331630102	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2450 S.W. 137th AVE. Suite 215	MIAMI, FLA. 33175	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **PRESIDENT** Date: **4/29/04** Daytime Phone #: **(305) 224-4050**