
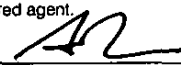
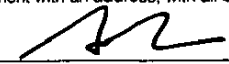


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90245 037 ***150.00

DOCUMENT # P98000006607					
1. Entity Name ALBERT BENDER & COMPANY, INC.					
Principal Place of Business 2450 S.W. 137TH AVE. 215 MIAMI, FL 33175		Mailing Address 2450 S.W. 137TH AVE. 215 MIAMI, FL 33175			
2. Principal Place of Business - No P.O. Box # 2141 S.W. 1 STREET		3. Mailing Address 2141 S.W. 1 STREET			
Suite, Apt. #, etc. 211		Suite, Apt. #, etc. 211			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 65-0810286	
Zip 33135		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENDER, AZRIEL 2450 SW 137TH AVENUE SUITE 215 MIAMI, FL 33175			7. Name and Address of New Registered Agent Name AZRIEL BENDER Street Address (P.O. Box Number is Not Acceptable) 2141 S.W. 1 STREET SUITE 211 City MIAMI FL Zip Code 33135		
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 04-30-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D BENDER, AZRIEL 2450 S.W. 137TH AVE. SUITE 215 MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 2141 S.W. 1 STREET SUITE 211 MIAMI, FL. 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
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:  PRESIDENT		Date: April 30, 2008 (305) 686-6767		Daytime Phone #	