


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90011 019 ***150.00

DOCUMENT # P98000030920 1. Entity Name BENEFICIAL FINANCIAL MORTGAGE CORP																													
Principal Place of Business BENEFICIAL FINANCIAL 16969 NW 67 AVENUE #407 MIAMI FL 33015 US			Mailing Address 16969 N.W. 67TH AVE. SUITE 107 MIAMI FL 33015 US																										
2. Principal Place of Business Suite, Apt. #, etc. #208 City & State		3. Mailing Address Suite, Apt. #, etc. #208 City & State																											
Zip Country		Zip Country		4. FEI Number 65-0829149 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)																									
6. Name and Address of Current Registered Agent JIMENEZ, BELKYS 18023 NW 78 AVE MIAMI FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6300 SW 186 Way City Ft Lauderdale FL Zip Code 33332																										
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 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">O <input type="checkbox"/> Delete</td> <td style="width:30%;">NAME</td> <td style="width:20%;">JIMENEZ, BELKYS</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>18023 NW 78 AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI FL 33126</td> </tr> </table>			TITLE	O <input type="checkbox"/> Delete	NAME	JIMENEZ, BELKYS	STREET ADDRESS			18023 NW 78 AVE	CITY-ST-ZIP			MIAMI FL 33126	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:30%;">NAME</td> <td style="width:20%;">JIMENEZ, Belkys</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>6300 SW 186 Way</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>Ft. Lauderdale, FL 33332</td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	JIMENEZ, Belkys	STREET ADDRESS			6300 SW 186 Way	CITY-ST-ZIP			Ft. Lauderdale, FL 33332
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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: Belkys Jimenez **2/4/04** **305-826-4001**

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