


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90038 021 ***150.00

DOCUMENT # P98000070239		
1. Entity Name BEN-MAYOR BELTS, SHIRTS, TIES, INC.		

Principal Place of Business 9469 WEST ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071	Mailing Address 9469 WEST ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6650 NW 101 TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PARKLAND FL	
Zip	Country	Zip	Country
33071	USA	33076	USA

40106100



04232007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0863095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEN-MAYOR, ARIE 9469 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6650 NW 101 TERR City PARKLAND FL Zip Code 33076
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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 ARIE BEN-MAYOR ARIE BEN MAYOR 5-01-07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEN-MAYOR, ARIE 9469 WEST ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 NW 101 TERR PARKLAND FL 33076
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
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
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: ARIE BEN-MAYOR ARIE BEN-MAYOR, PRESIDENT 5-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #