

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90022 040 ***150.00

DOCUMENT # V70969

1. Entity Name

BEN-JOSEPH CORP.



Principal Place of Business

7732 NW 18 ST.
HOLLYWOOD FL 33024
US

Mailing Address

7732 NW 18 ST.
HOLLYWOOD FL 33024
US

2. Principal Place of Business

7305 NW 19 CT
Suite, Apt. #, etc.

3. Mailing Address

7305 NW 19 CT
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PEMBROKE - PINES, FL

Zip 33024

Country USA

City & State

PEMBROKE - PINES, FL

Zip 33024

Country USA

4. FEI Number

65-0365158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEN-JOSEPH, AVRAHAM
8655 SW 57 PLACE
COOPER CITY FL 33328

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BEN-JOSEPH, RAFAEL
STREET ADDRESS 7732 NW 18 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME BEN-JOSEPH, RAFAEL
STREET ADDRESS 7305 NW 19 CT
CITY-ST-ZIP PEMBROKE - PINES, FL 33024

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: R. BEN-JOSEPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL BEN-JOSEPH

President

2-22-04

Date

354 381 5104

Daytime Phone #