
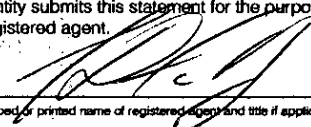
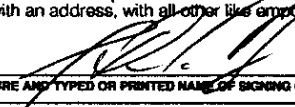


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90162 035 ****61.25

DOCUMENT # 751019							
1. Entity Name BEN-MOL CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 7327 BYRON AVENUE MIAMI BEACH, FL 33141 US		Mailing Address 7327 BYRON AVENUE MIAMI BEACH, FL 33141 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0666997			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
URIBE CONSUELO 7327 BYRON AVE. APT 3 MIAMI BEACH, FL 33141			Name FRANCISCO DELA PAZ				
			Street Address (P.O. Box Number is Not Acceptable) 10585 SW 109TH CT # 201				
			City MIAMI			Zip Code FL 33176	
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 		FRANCISCO DELA PAZ.		DATE 4/30/04			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	URIBE, CONSUELO		NAME				
STREET ADDRESS	7327 BYRON AVE #3		STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SARDINA, JUAN		NAME				
STREET ADDRESS	7325 BYRON AVE #6		STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SEREBRENIK, OSCAR		NAME				
STREET ADDRESS	1816 CLEVELAND ROAD		STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	D DELAPAZ, FRANCISCO			
STREET ADDRESS			STREET ADDRESS	10585 SW 109TH CT # 201			
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33176			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 617, 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: 		FRANCISCO DELA PAZ		DATE 4-24-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			