



2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



09032006 No Chg-NP CR2E037 (4/06)

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

DE LA PAZ, FRANCISCO
711 SW 15TH AVE
MIAMI, FL 33135

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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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URIBE, CONSUELO 7327 BYRON AVE #3 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARDINA, JULIANE 7325 BYRON AVE #6 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEREBRENIK, OSCAR 1816 CLEVELAND ROAD MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA PAZ, FRANCISCO 711 SW 15TH AVE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHAVARRIA, ELBA C 6125 VAQUERO CIR CASTLE ROCK, CO 80108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000576431
09/07/06-80006-003 61.25

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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 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: _____ *[Signature]* _____ 9/3/06 305-5965655

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