


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000005713**  
 1. Entity Name  
**BENELENOX, INC.**



Principal Place of Business  
**3236 PROSPECT STREET N.W.**  
**WASHINGTON, DC 20007**

Mailing Address  
**3236 PROSPECT STREET N.W.**  
**WASHINGTON, DC 20007**

**DO NOT WRITE IN THIS SPACE**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>58-2207939</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE, FL 32301**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	PC KARABASSIS, IRAKLIS 3236 PROSPECT STREET N.W. WASHINGTON, DC 20007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KARABASSIS, CHRISTOS 3236 PROSPECT STREET N.W. WASHINGTON, DC 20007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARABASSIS, YASMINE 3236 PROSPECT STREET N.W. WASHINGTON, DC 20007
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 04/26/04-80011-008 150.00

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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: *Iraklis Karabassis* 4/21/04 202 338 07 25 1205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*IRAKLIS KARABASSIS*  
**PRESIDENT**