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Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90354 021 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000061254

1. Entity Name
BENCHMARK FINANCIAL SERVICES, INC.

Principal Place of Business
2856 NE 32ND STREET
LIGHTHOUSE POINT, FL 33064

Mailing Address
2856 NE 32ND STREET
LIGHTHOUSE POINT, FL 33064

02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 79 ISLAND DRIVE SOUTH
Suite, Apt. #, etc.
City & State: OCEAN RIDGE, FL U.S.A
Zip: 33435 Country: PALM BEACH

3. Mailing Address: 79 ISLAND DRIVE SOUTH
Suite, Apt. #, etc.
City & State: OCEAN RIDGE, FL
Zip: 33435 Country: U.S.A.

4. FEI Number: 65-0945318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIEDLE, EDWARD
2856 NE 32ND STREET
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name: SIEDLE, EDWARD (same agent, different address)
Street Address (P.O. Box Number is Not Acceptable): 79 ISLAND DRIVE SOUTH
City: OCEAN RIDGE, FL Zip Code: 33435

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] DATE 4-12-04
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	PD	☐ Delete
NAME	SIEDLE, EDWARD	
STREET ADDRESS	2856 NE 32ND STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: [signature] EDWARD SIEDLE, PD 4-12-04 (561) 733-9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #