

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 625874

FILED
Mar 30, 2004
Secretary of State

Entity Name: BENCHMARK INDUSTRIES, INC.

Current Principal Place of Business:

525 NE 32ND ST
FT. LAUDERDALE, FL 33334 US

New Principal Place of Business:

6555 POWERLINE ROAD
SUITE #109
FT. LAUDERDALE, FL 33309 US

Current Mailing Address:

525 NE 32ND ST.
FT LAUD, FL 33334 US

New Mailing Address:

6555 POWERLINE ROAD
SUITE 109
FT LAUD, FL 33309 US

FEI Number: 59-1923052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VESTAL, DONALD J. , ATTY.
7881-A HOLLYWOOD BOULEVARD
PEMBROKE PINES, FL 33024

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KIRMSE, MARSHA,
Address: 3420 DUNES VISTA DR
City-St-Zip: POMPANA BEACH, FL

Title: SD () Delete
Name: KIRMSE, MARK,
Address: 3420 DUNES VISTA DR
City-St-Zip: POMPANO BEACH, FL

Title: PD () Delete
Name: ASTOR, ROBERT,
Address: 3091 N.W. 95TH AVE.
City-St-Zip: CORAL SPRINGS, FL

Title: D () Delete
Name: ASTOR, SUSAN
Address: 3091 NW 95 AVE
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KIRMSE, MARSHA,
Address: 3420 DUNES VISTA DR
City-St-Zip: POMPANA BEACH, FL 33069 US

Title: SD (X) Change () Addition
Name: KIRMSE, MARK,
Address: 3420 DUNES VISTA DR
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: PD (X) Change () Addition
Name: ASTOR, ROBERT,
Address: 3091 N.W. 95TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D (X) Change () Addition
Name: ASTOR, SUSAN
Address: 3091 NW 95 AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA KIRMSE

TREA

03/30/2004

Electronic Signature of Signing Officer or Director

_____ Date