

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 625874

FILED  
Feb 25, 2011  
Secretary of State

Entity Name: BENCHMARK INDUSTRIES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-1923052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASTOR, ROBERT E MR  
6555 POWERLINE ROAD  
SUITE #109  
FT. LAUDERDALE, FL 33309 US

**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

**OFFICERS AND DIRECTORS:**

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

Title: SD  
Name: KIRMSE, WALTER  
Address: 3420 DUNES VISTA DR  
City-St-Zip: POMPANO BEACH, FL 33069 US

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

Title: VPD  
Name: ASTOR, SUSAN  
Address: 3091 NW 95 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby 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 all other like empowered.

SIGNATURE: MARSHA KIRMSE

TREA

02/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date