2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 29, 2004 8:00 am Secretary of State

ANNUAL REPORT	(AR)	
DOCUMENT # 663800	, ,	THE STREET

1. Entity Nam	e _			04-29-2004 90299 042 *	**150.00	
TONIDOM BENCHMARK, INC.			7	150.00		
	· ·		N. T. T. S.	′		
Original Disa	a of Duoisean	Mailing Address				
Principal Place		Mailing Address	دف سنست نينون	ii , , i	-	
1930_N,W.:2 MIAMI FL 33	IST_TERRACE	1930 N.W. 21ST TERRA MIAMI FL 33142	∠ E			
				40	د د سیامت <u>سیامت</u> یې . ماهان واوان ماهان واوان	
2. Principal P	lace of Business	3. Mailing Address				
Suite Ast # ate						
Suite, Apt. #, etc. Suite, Apt. #, etc.			MOORE CR2E034	· (11/03)		
City & State City & State			4. FEI Number	Applied For		
				59-1971406	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
					Fee Required	
	6. Name and Address of Current	7. Name and Address of New Registered	Agent			
SULLI, ANDREW L		. Ivaile	Name			
	5 S.W. 47TH STREET		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	. * \$.		<u> </u>			
MIA	MI FL 33155					
			City	FL	Zip Code	
8 The above	named entity submits this statement to	r the ournose of changing its re	enistered office or regis	stered agent, or both, in the State of Florida. I am	- 	
	ions of registered agent.	. The purpose of shariging to re		noted agony or bonn, in the otate of Figure. Take	Tallina Mary and accopt	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	rired when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00					
[1] 中央企业的企业的企业的企业的企业的	r May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be	
	k Payable to Florida Department o	f State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	HERRERA, ANTONIO		NAME			
STREET ADDRESS	1930 N.W. 21ST TERRACE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	, man	CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP		·	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME		:	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
			!		Change D Addition	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME , STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	•		
L	t certify that the information supplied with	this filing does not qualify for t		Section 119 07(3)(i) Florida Statutes I further ca	ertify that the information	
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						
	rporation of the receiver of trustee emp , or on an attachment with an address,		a reduited by Chapter (· · · ·	at DIOCK TO OF BIOCK TT II	