# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2012**
**Secretary of State**

DOCUMENT# F08000002409

**Entity Name:** BENJAMIN MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

201 E. KENNEDY BLVD.
SUITE 950
TAMPA, FL 33602 US

**New Principal Place of Business:**

10150 HIGHLAND MANOR DR.
SUITE 200
TAMPA, FL 33610 US

**Current Mailing Address:**

19100 VON KARMAN AVENUE
SUITE 500
IRVINE, CA 92612 US

**New Mailing Address:**

**FEI Number: 20-2330255** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES
Name: BENJAMIN, VICTOR
Address: 19100 VON KARMAN AVENUE SUITE 500
City-St-Zip: IRVINE, CA 92612 US

Title: CEO
Name: BENJAMIN, VICTOR
Address: 19100 VON KARMAN AVENUE SUITE 500
City-St-Zip: IRVINE, CA 92612 US

Title: CHRM
Name: BENJAMIN, VICTOR
Address: 19100 VON KARMAN AVENUE SUITE 500
City-St-Zip: IRVINE, CA 92612 US

Title: VP
Name: PATEL, RONIL
Address: 19100 VON KARMAN AVENUE SUITE 500
City-St-Zip: IRVINE, CA 92612 US

Title: SEC
Name: PATEL, ANAND
Address: 19100 VON KARMAN AVENUE SUITE 500
City-St-Zip: IRVINE, CA 92612 US

Title: TRSR
Name: PATEL, ANAND
Address: 19100 VON KARMAN AVENUE SUITE 500
City-St-Zip: IRVINE, CA 92612 UN

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: GINA ARREOLA ASST 01/04/2012

Electronic Signature of Signing Officer or Director Date