2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F66884

1. Entity Name
RALPH BENDHEM, INC.

Principal Place of Business	Mailing Address
C/O DANIEL KUSHNER CPA	C/O DANIEL KUSHNER CPA
666 71ST STREET	666 71ST STREET
MIAMI BCH, FL 33141	MIAMI BCH, FL 33141

DO NOT WRITE IN THIS SPACE

01122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2216275	Not Applicable

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

6. Name and Address of Current Registered Agent

KUSHNER, DANIEL
GERSON, PRESTON & CO.
666 71ST STREET
MIAMI BCH, FL 33141

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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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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
NAME	BENDHEIM, RALPH
STREET ADDRESS	2100 S OCEAN LANE #906
CITY-ST-ZIP	FORT LAUDERDALE, FL 333163824

U000000033022
02/05/04-80025-018 150.00

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: RALPH BENDHEIM   Feb 2-2004   954 764 1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #