

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90011 045 \*\*\*150.00

60019589



02122007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-2216275

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

**DOCUMENT # F66884**  
1. Entity Name  
RALPH BENDHEM, INC.



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

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

2. Principal Place of Business - No P.O. Box #  
C/O RALPH BENDHEM  
Suite, Apt. #, etc.  
2100 S. OCEAN LANE #906

3. Mailing Address  
C/O RALPH BENDHEM  
Suite, Apt. #, etc.  
2100 S. OCEAN LANE #906

City & State  
FT. LAUDERDALE, FL

City & State  
FT. LAUDERDALE, FL

Zip  
33316

Country  
USA

Zip  
33316

Country  
USA

6. Name and Address of Current Registered Agent  
KUSHNER, DANIEL  
GERSON, PRESTON & CO.  
666 71ST STREET  
MIAMI BCH, FL 33141

7. Name and Address of New Registered Agent  
Name  
RALPH BENDHEM  
Street Address (P.O. Box Number is Not Acceptable)  
2100 S. OCEAN LANE #906  
City  
FT. LAUDERDALE FL Zip  
33316

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] DATE 2-20-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENDHEM, RALPH 2100 S OCEAN LANE #906 FORT LAUDERDALE, FL 333163824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] DATE 2-20-07 DAYTIME PHONE # 9547641705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR