2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F66884

1. Entity Name RALPH BENDHEM, INC.



Principal Place of Business

C/O RALPH BENDHEM 2100 S OCEAN LANE #906 FORT LAUDERDALE, FL 33316 Mailing Address

C/O RALPH BENDHEM 2100 S OCEAN LANE #906 FORT LAUDERDALE, FL 33316

FILED Feb 04, 2008 08:00 A Secretary of State



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UU.	NUL	WHILE	IN	1 H12	SPACE

01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2216275

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENDHEM, RALPH 2100 S OCEAN LANE #906 FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33316					IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its re	gistered offic	ce or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature Typed or printed name of registered agent and title if	applicable (NOTE, Ri	egistered Agent	signature	required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD BENDHEIM, RALPH 2100 S OCEAN LANE #906 FORT LAUDERDALE, FL 333163824	TORS				UQQQQ0815339		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						02/ĭ¾ZŐŐ-8ÔÖŐŠ-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-2IP					DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 of 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylima Phone #