


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # J12098
1. Entity Name
BENJAMIN DIVERSIFIED, INC.



Principal Place of Business: 10660 MAPLE CHASE DR, BOCA RATON, FL 33498
Mailing Address: PO BOX 880514, BOCA RATON, FL 33488 US



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2673413
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENJAMIN, ROBERT
10660 MAPLE CHASE DR
BOCA RATON, FL 33498

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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: _____ (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

U00000143539
04/30/04-80096-005 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BENJAMIN, ROBERT 10660 MAPLE CHASE DR BOCA RATON, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Benjamin Date: 4/28/04 Daytime Phone #: 561-479-1500