2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 11, 2004 08:00 AM Secretary of State DOCUMENT # P00000079816 1. Entity Name BENVELLI HOLDINGS, INC. Principal Place of Business Mailing Address 3405 N OCEAN DR HOLLYWOOD FL 33019 3405 N OCEAN DR HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-1035969 Not Applicable Z≀p Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVELLI, SCOTT 3400 N SURF RD #8 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33019 City Zip Code 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 it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BHE Delete 33133 Change NAME BENITEZ, EMILIO NAME U00000084626 STREET ADDRESS 3400 N SURF RD #7 STREET ADDRESS HOLLYWOOD FL 33019 U3/11/04-80014-012 150.00 CITY - ST - 7:P CITY-ST-ZIP TITLE ☐ Delete TRUE Change Addition NAME RIVELLI, SCOTT NAME 3400 N SURF RD #8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CRY-ST-ZIP TITLE Delete TITLE Addition Change MARKE NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 33TLE Delete TITEE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TETLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this liling 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 supplied entering 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.

FILED