

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000008089**

1. Entity Name  
**BENNINGTON INVEST INC.**



Principal Place of Business

**C/O 501 BRICKELL KEY DR., #602  
MIAMI, FL 33131**

Mailing Address

**C/O 501 BRICKELL KEY DR., #602  
MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONAL REGISTERED AGENTS, INC.  
C/O 501 BRICKELL KEY DR., #602  
MIAMI, FL 33131**

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IN THIS SPACE**

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	D
NAME	D'APUZZO, FLORA DE
STREET ADDRESS	C/O 501 BRICKELL KEY DR., #602
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DS
NAME	D'APUZZO, THOMAS
STREET ADDRESS	C/O 501 BRICKELL KEY DR., #602
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DP
NAME	D'APUZZO, GIULIANA
STREET ADDRESS	C/O 501 BRICKELL KEY DR., #602
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	D'APUZZO, SILVANA
STREET ADDRESS	C/O 501 BRICKELL KEY DR., #602
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/07/04-80008-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #