


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90024 013 \*\*\*150.00

<b>DOCUMENT # P01000015734</b>	
1. Entity Name <b>BENENSON HOLDINGS, INC.</b>	

Principal Place of Business <b>1021 IVES DAIRY RD STE 111 MIAMI FL 33179</b>	Mailing Address <b>1021 IVES DAIRY RD STE 111 MIAMI FL 33179</b>
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2. Principal Place of Business <b>19442 - 40th Ct.</b>	3. Mailing Address <b>19442 - 40th Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

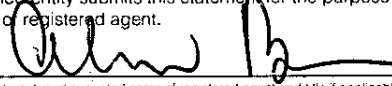
City & State <b>Sunny Isles Bch, FL</b>	City & State <b>Sunny Isles Bch, FL</b>
Zip <b>33160</b>	Zip <b>33160</b>
Country <b>USA</b>	Country <b>DADE, USA</b>

4. FEI Number <b>65-1080214</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BENENSON, ALAN 20500 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180</b>	
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7. Name and Address of New Registered Agent Name <b>ALAN BENENSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>19442 - 40th Ct.</b> City <b>Sunny Isles Beach FL</b> Zip Code <b>33160</b>	
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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  <b>President</b>	DATE <b>1/24/04</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D BENENSON, ALAN 20500 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT ALAN BENENSON 19442 - 40th Ct. Sunny Isles Bch, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the like empowered.

SIGNATURE:  <b>ALAN BENENSON</b>	DATE <b>1/24/04</b>	DAYTIME PHONE # <b>786-210-4111</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		