


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90077 001 \*\*\*150.00

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

Principal Place of Business 19442 40TH CT NORTH MIAMI BEACH, FL 33160	Mailing Address 19442 40TH CT STE 111 NORTH MIAMI BEACH, FL 33160
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50015303

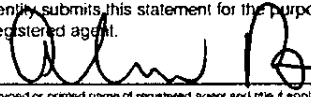


2. Principal Place of Business 1930 Harrison St. Suite, Apt. #, etc. Suite 502 City & State Hollywood, FL Zip 33020 Country USA	3. Mailing Address 1930 Harrison St. Suite, Apt. #, etc. Suite 502 City & State Hollywood, FL Zip 33020 Country USA
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02072005 Chg-P CR2E034 (10/03)

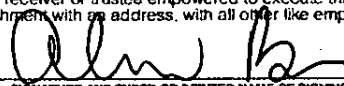
6. Name and Address of Current Registered Agent BENENSON, ALAN 19442 40TH CT NORTH MIAMI BEACH, FL 33160	7. Name and Address of New Registered Agent Name Benenson, Alan Street Address (P.O. Box Number is Not Acceptable) 1930 Harrison St. Suite 502 City Hollywood FL Zip Code 33020
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4. FEI Number 65-1080214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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  Alan Benenson DATE 2-7-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENENSON, ALAN 19442 40TH CT NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Benenson, Alan 1930 Harrison St., #502 Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:  Alan Benenson DATE 2-7-05 954-927-2717 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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