


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

05-06-2004 90162 035 ***150.00

DOCUMENT # P01000038577	
1. Entity Name BENEFIT USA, INC.	

Principal Place of Business 2717 HAVENHILL CT. CLEARWATER FL 33761	Mailing Address PO BOX 14158 CLEARWATER FL 33766
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2. Principal Place of Business 7092 Norfolk Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 6018 Suite, Apt. #, etc.
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City & State Spring Hill, FL Zip 34606 Country Hernando	City & State Spring Hill, FL Zip 34611 Country Hernando
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6. Name and Address of Current Registered Agent LANG, JAMES A 2717 HAVERHILL CT CLEARWATER FL 33761	7. Name and Address of New Registered Agent Name James A. LANG c/o Goldman Street Address (P.O. Box Number is Not Acceptable) P.O. Box 6018 7092 Norfolk Ave. City Spring Hill FL Zip Code 34606
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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 *James A. Lang* Rep. Agent *James A. Lang* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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"/> \$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 LANG, JAMES A 2717 HAVERHILL CT CLEARWATER FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennie Goldman 7092 Norfolk Ave Spring Hill, FL 34606 <input type="checkbox"/> Change <input checked="" 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
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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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

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: *James A. Lang* **4/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66424885



MOORE CR2E034 (11/03)