

**FOR PROFIT CORPORATION  
2008 ANNUAL REPORT (AR)**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90029 019 \*\*\*150.00

DOCUMENT # P01000053458  
~~Steven~~ Benson Associates, Inc.



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**50000301**

2. Principal Place of Business  
**7165 N.W. 4th Ave.**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State  
**Boca Raton, FL**

City & State

4. FEI Number  
**65-1103814**

Applied For  
Not Applicable

Zip  
**33487**

Country  
**Palm Beach**

Zip

Country

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

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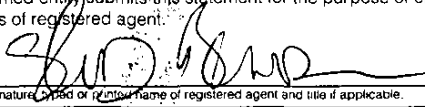
**7. Name and Address of Current Registered Agent**

Name  
**Kimberly Benson**

Street Address (P.O. Box Number is Not Acceptable)  
**7165 N.W. 4th Ave.**

City **Boca Raton,** **FL** **33487**

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  **Steven Benson, President**  
Signature of individual or entity name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3/5/08**  
DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**Steven Benson**  
**7165 N.W. 4th Ave.**  
**Boca Raton, FL 33487**

TITLE  
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CITY-ST-ZIP

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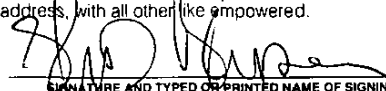
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



**Steven Benson, Pres** **3/5/08**

Date

**561-441-7472**

Daytime Phone #