


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000051354

1. Entity Name
 BENJAMIN OPTICAL, INC.



Principal Place of Business
 7852 NW 77 AVE
 TAMARAC, FL 33321

Mailing Address
 7852 NW 77 AVE
 TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE



08132004 No Chg-P CR2E034 (10/03)

4. FCI Number
 01-0681668

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZIPPIN, ROBERT S ESQ
 7101 W MCNAB RD STE 200
 TAMARAC, FL 33321

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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 _____ DATE _____

Signature: type or printed name of registered agent and state if applicable. (NOTE: The Registered Agent signature is not filed when filing this report.)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEYER, ANDREA
STREET ADDRESS	7852 NW 77 AVE
CITY- ST- ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 08/16/04-80007-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Andrea Meyer 8-13-04 954720 0474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Andrea Meyer Do Not Print