
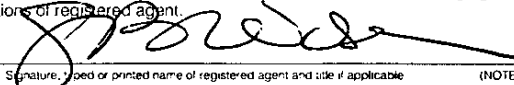


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90011 005 \*\*\*550.00

<b>DOCUMENT # P02000060477</b> 1. Entity Name <b>THE LAW OFFICE OF SHEENA BENJAMIN-WISE, P.A.</b>					
Principal Place of Business <b>1545 EAST OAKLAND PARK BLVD. SUITE A FT. LAUDERDALE, FL 33334</b>			Mailing Address <b>1545 EAST OAKLAND PARK BLVD. SUITE A FT. LAUDERDALE, FL 33334</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>04-3674926</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <del>BENJAMIN WHITE, SHEENA</del> <del>1545 EAST OAKLAND PARK BLVD.</del> <del>SUITE A</del> <del>FT. LAUDERDALE, FL 33334</del>				7. Name and Address of New Registered Agent Name <b>Sheena Benjamin-Wise</b> Street Address (P.O. Box Number is Not Acceptable) <b>707 Southeast 3rd Ave, Suite 401</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33316</b>	
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>6/30/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENJAMIN-WISE, SHEENA 1545 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHEENA BENJAMIN-WISE 707 Southeast 3rd Avenue, Suite 401 Fort Lauderdale Florida 33316	<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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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: 			<b>6/30/2005</b> <b>954.522.2320</b> <small>Date      Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50662946**



06302005      Chg-P      CR2E034 (10/03)