2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

DOCUMENT # P0200096154 1. Entity Name, BENMAX, INC.					5	ecretary of State
Principal Plac	e of Business	Mailing Address				
1440 W 23 S MIAMI BEACI	STREET H, FL 33140	1440 W 23 STREET MIAMI BEACH, FL 3314	40			
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292005 Chg-P	CR2E034 (10/03)
City & State		City & State		-	4. FEI Number = 4 81-0569310	Applied For Not Applicable
Zip	Country	Zīp	Country	y -	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	5. Name and Address of Current	Registered Agent		Name	7. Name and Address of New	Registered Agent
SEGAN, A	DAM	en d e la companya di salah s	{-	-		
1440 W 23		· · · · · · · · · · · · · · · · · · ·	-	Street Address (F	P.Ö. Box Number is Not Acceptab	ole)
			}_	City	· '	Zip Code
			1	,	<u> </u>	FL
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its i	rogistered	l office or register	ed agent, or both, in the State of F	Florida, I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered A	Agent signature required	when reinstating	DATE
	E NOW!!! FEE 18 \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			00 May Be ed to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
TITLE NAME	PD SEGAN, ADAM	— □ Delete	TITLE NAME		กอกดีน	0332532 Change Addition
STREET ADDRESS	1440 W 23 STREET			ADDRESS	04/2\$/0\$	-80062-011 150.00
CITY+ST-ZIP TITLE	MIAMI BEACH, FL 33140	☐ Delete	TITLE	1-217	.;	☐ Change ☐ Addition
NAME	}		NAME	}		
STREET ADDRESS	- . <u>.</u>		STREET . City-St	ADORESS T-ZIP		
TITLE	 	☐ Delete	me			☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET	ADORESS		
CITY-ST-ZIP			CITY-ST	T-ZIP		
title Name	•	Delete	TITLE NAME	}		☐ Change ☐ Addillon
STREET ADDRESS			STREET	ADDRESS		
CITY-ST-ZIP		☐ Delete	CITY-ST	T-21P	33,	☐ Change ☐ Addition
NAME		LJ DBISIG	NAME	\		El orande El variada
STREET ADDRESS CITY-ST-ZIP			STREET A	Address 1-zip		
TITLE		☐ Delete	TITLE			Change Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS		
CITY-ST-ZIP	1		CITY-ST	T-21P		
12. I hereby of indicated of the corp	certify that the information supplied with on this report of Suppler liental report is poration or the recovered trustee empe or on an attachment with an address, w	this filing does not qualify for the and accurate and that my world is execute this report a	the exemp ny signature as required	otion stated in Sec e shall have the s d by Chapter 607,	ction 119.07(3)(i), Florida Statutes ame legal effect as if made under , Florida Statutes; and that my nar	. I further certify that the information of oath; that I am an officer or director ne appears in Block 10 or Block 11 if
changed,	or on an attachment with an address, v	with all other like empowered.	_		if A	6
SIGNATURE: SIGNATURE AND TYPED OF HINTED NAME OF SIGNING OFFICER OR DIRECTOR OF Cayoffine Proces						