


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000008390 1. Entity Name BENNY'S STEAK AND SEAFOOD, INC.	
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Principal Place of Business 2 INDEPENDENT DR STE 175 JACKSONVILLE, FL 32202	Mailing Address 2 INDEPENDENT DR STE 175 JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2612409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YOUSEFZADEH, BENYAMIN
2 INDEPENDENT DR STE 175
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUSEFZADEH, BENYAMIN 2 INDEPENDENT DR STE 175 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUSEFZADEH, NICOLE R 2 INDEPENDENT DR STE 175 JACKSONVILLE, FL 32202
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02/26/08-80023-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 similar like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #