2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023112

Entity Name: DUXBEN CORPORATION, INC.

DASILVA FERRER, JOSE C

NAPLES, FL 34113

5697 RATTLESNAKE HAMMOCK RD.#A108

Name:

Address:

City-St-Zip:

FILED Apr 28, 2004 Secretary of State

•	,,			
Current P	rincipal Place of Business:	New Principal Place of I	New Principal Place of Business:	
5697 RATTLESNAKE HAMMOCK RD. #A-108		# 390		
NAPLES, FL 34113		POMPANO BEACH, FL 3	POMPANO BEACH, FL 33064	
Current M	ailing Address:	New Mailing Address:	New Mailing Address:	
5697 RATTLESNAKE HAMMOCK RD. #A-108		1261 E SAMPLE ROAD # 390	# 390	
NAPLES, FL 34113		POMPANO BEACH, FL 3	POMPANO BEACH, FL 33064	
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent	: Name and Address of N	Name and Address of New Registered Agent:	
EVANS, PATTY 3777 FOWLER STREET #2 FORT MYERS, FL 33901 US		1261 E SAMPLE ROAD	TAX HOUSE CORPORATION 1261 E SAMPLE ROAD POMPANO BEACH, FL 33064 US	
in the State	named entity submits this statement for the of Florida.	he purpose of changing its registered of		
SIGNATUR	RE: BRENO GOMES- PRESIDENT		04/28/2004	
	Electronic Signature of Registered	Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete DOS SANTOS, JOE R 5697 RATTLESNAKE HAMMOCK RD.#A108 NAPLES, FL 34113	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete ARIAS PEREZ, ALVARO M 5697 RATTLESNAKE HAMMOCK RD.#A108 NAPLES, FL 34113	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	STD () Delete NASSIF BAREZANI, PETER 5697 RATTLESNAKE HAMMOCK RD.#A108 NAPLES, FL 34113	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title:	D () Delete	Title: ()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE R. DOS SANTOS PD 04/28/2004