2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3.

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-03-2004 91057 049 ***150.00

DOCUMENT # P03000035437

1. Entity Name
BEN CAMP, INC.

Principal Place of Business	Mailing Address
2017 SE 8TH AVE CAPE CORAL, FL 33990	2017 SE 8TH AVE CAPE CORAL, FL 33990

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2092240 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPO, LUZ D 2017 SE 8TH AVE CAPE CORAL, FL 33990	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: _____

FILE NOW!! FEE IS $150.00
After Dec. 31, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	DVS BENCEZU, MANNY A 2017 SE 8TH AVE CAPE CORAL, FL 33990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice-President. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TR T CAMPO, LUZ D Del Campo Luz 2017 SE 8TH AVE CAPE CORAL, FL 33990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Jose Del Campo 2017 S.E. 8th AVE. Cape Coral FLA 33990. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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 an asterisk.

SIGNATURE: Luz del Campo. 4-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date