

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

|  |  |         |   |  |  |
|--|--|---------|---|--|--|
| <b>DOCUMENT # P03000045484</b>   |  |         |   |  |  |
| <b>1. Entity Name</b><br>BENSON FURNITURE INC  |  |         |   |  |  |
| <b>Principal Place of Business</b><br>3773 CENTRAL AVENUE<br>SUITE C4254<br>ST PETERSBURG, FL 33713 US   |  |         | <b>Mailing Address</b><br>3773 CENTRAL AVENUE<br>SUITE C4254<br>ST PETERSBURG, FL 33713 US                                    |  |  |
| <b>2. Principal Place of Business</b>  |  |         | <b>3. Mailing Address</b>   |  |  |
| Suite, Apt. #, etc.  |  |         | Suite, Apt. #, etc.   |  |  |
| City & State   |  |         | City & State  |  |  |
| Zip  |  | Country |   | Zip  |  |
| Country  |  | Country |   | 01142004 Chg-P CR2E034 (10/03)                         |  |
| <b>4. FEI Number</b><br>65-1183731   |  |         |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |         |   | <b>\$8.75 Additional Fee Required</b>                  |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |         | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| WINEBRENNER, JACK M<br>3773 CENTRAL AVENUE<br>SUITE A003<br>ST PETERSBURG, FL 33713  |  |         | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City<br>FL Zip Code   |  |  |
| <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.</b>   |  |         |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |         |   |  |  |
| DATE _____   |  |         |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |  |         | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>   | <b>P</b><br>ISSAM, ABDELMOGHIT<br>104 59TH AVENUE<br>ST PETERSBURG BEACH, FL 33706 |         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>  | U00000006244<br>01/16/04-80027-020 150.00              |  |
| Delete <input type="checkbox"/>  |  |         | Change <input type="checkbox"/> Addition <input type="checkbox"/>   |  |  |
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| Delete <input type="checkbox"/>  |  |         | Change <input type="checkbox"/> Addition <input type="checkbox"/>   |  |  |
| <b>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.</b> |  |         |   |  |  |
| <b>SIGNATURE:</b>  |  |         | Abdel Issam   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |         | Date 1-14-04 Daytime Phone # 727/327-1202   |  |  |