

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000079755**

1. Entity Name  
**BENNI ENTERPRISE, INC.**



Principal Place of Business  
**16868 S W 7TH STREET  
PEMBROKE PINES, FL 33027**

Mailing Address  
**16868 S W 7TH STREET  
PEMBROKE PINES, FL 33027**



05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BENNI, TOOLSIE MR.  
16868 S W 7TH STREET  
PEMBROKE PINES, FL 33027**

**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 *Toolsie Benni* - *PRESIDENT*

*4-1-07*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000762227  
05/25/07-80088-015 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDT  
BENNI, TOOLSIE  
16868 S W 7TH STREET  
PEMBROKE PINES, FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC  
BENNI, DHARMA  
16868 S.W. 7TH STREET  
PEMBROKE PINES, FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

*Toolsie Benni*

*4-1-07*

*954-443-1193*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #