2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P05000014113 Mar 12, 2007 08:00 AM BENITA VARIETY STORE & BEAUTY SUPPLY, INC. **Secretary of State** Principal Place of Susiness Mailing Address 551 10TH STREET, UNIT B 551 10TH STREET, UNIT B LAKE PARK, FL 33407 LAKE PARK, FL 33407 No Chg-P CR2E034 (11/05) 02212007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3144590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CLAUDE B, MARIE J'N DO NOT WRITE 5385 HARRIET PLACE WEST PALM BEACH, FL 33407 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. tered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 **\$5.00** May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CLAUDE B, MARIE J'N STREET ADDRESS 5385 HARRIET PLACE CITY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE NAME U00000663158 STREET ADDRESS 03/21/07-80041-007 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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