

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90067 019 ***150.00

DOCUMENT # P06000095252			
1. Entity Name BENNYMIKE INC.			
Principal Place of Business 525 49TH. STREET NORTH SAINT PETERSBURG, FL 33711		Mailing Address P.O. BOX 81066 HOLLYWOOD, FL 33081	
2. Principal Place of Business No P.O. Box # 525 49th Street North		3. Mailing Address P.O. Box 816601	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Saint Petersburg FL		City & State Hollywood FL	
Zip 33711		Zip 33081	
Country U.S.A.		Country U.S.A.	
4. FFI Number		Applied For ☐ Not Applicable ☒	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIMSHONI, MICHAEL 525 49TH. STREET NORTH SAINT PETERSBURG, FL 33711		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Numbers 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 _____ Signature typed or printed name of registered agent and the applicable (P.O. Box) Registered Agent signature required when registering			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TABIB, BARUCH 3029 NORTH 57TH DRIVE HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHIMSHONI, MICHAEL 525 49TH. STREET NORTH SAINT PETERSBURG, FL 33711	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
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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 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 another like empowered.			
SIGNATURE:		3/28/07 9545478185	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day-Mo-Year	