

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P06000095252

1. Entity Name
BENNYMIKE INC.



Principal Place of Business
**525 49TH. STREET NORTH
SAINT PETERSBURG, FL 33711**

Mailing Address
**P.O.BOX 816601
HOLLYWOOD, FL 33081**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIMSHONI, MICHAEL
525 49TH. STREET NORTH
SAINT PETERSBURG, FL 33711**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P	TABIB, BARUCH
NAME TABIB, BARUCH	3029 NORTH 57TH.DRIVE
STREET ADDRESS 3029 NORTH 57TH.DRIVE	HOLLYWOOD, FL 33021
CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE VP	SHIMSHONI, MICHAEL
NAME SHIMSHONI, MICHAEL	525 49TH. STREET NORTH
STREET ADDRESS 525 49TH. STREET NORTH	SAINT PETERSBURG, FL 33711
CITY-ST-ZIP SAINT PETERSBURG, FL 33711	
TITLE 	
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

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04/29/08-80041-005 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/08