


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000005053</b>	
1. Entity Name <b>BEN &amp; BOB'S, INC.</b>	

Principal Place of Business <b>1368 SOUTHWEST 160TH AVENUE SUITE 400 SUNRISE, FL 33326 US</b>	Mailing Address <b>1368 SOUTHWEST 160TH AVENUE SUITE 400 SUNRISE, FL 33326 US</b>
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02272004 No Chg-P CR2E004 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0464447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**WEINER, LAWRENCE  
1428 BRICKELL AVE.  
SUITE 400  
MIAMI, FL 33131**

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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 the F applicable (P) or (R) Registered Agent signature required when applicable DATE

<b>FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$200.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	SD WEINER, LAWRENCE 1428 BRICKELL AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MARBAVE, ROBERT 1280 MANOR DRIVE SOUTH FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	CEO LAURENZO, BEN 18385 WEST DIXIE HIGHWAY N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VP LAURENZO, DAVID 18385 WEST DIXIE HIGHWAY N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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IN THIS SPACE**

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04/15/04-80029-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b) 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: David Laurenzo VP DAVID LAURENZO 3/4/04 (954)309.6169  
Signature and typed or printed name of signed officer or director Date Signature Phone #