


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000005053

1. Entity Name
BEN & BOB'S, INC.



Principal Place of Business Mailing Address

1368 SOUTHWEST 160TH AVENUE **1368 SOUTHWEST 160TH AVENUE**
SUITE 400 **SUITE 400**
SUNRISE, FL 33326 US **SUNRISE, FL 33326 US**

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0464447 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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 MASSAVE, ROBERT 1260 MANOR DRIVE SOUTH FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD LAURENZO, BEN 16385 WEST DIXIE HIGHWAY N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAURENZO, DAVID 16385 WEST DIXIE HIGHWAY N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000276695
03/25/05-80054-003 150.00

U00000276695
03/25/05-80054-004 8.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ben* **3/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #