


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000005053**

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



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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02042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

7. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

8. 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	

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 03/24/06 80003-013 158.75

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:**  **3/11/06** **954/389/6169**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #