


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

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|--|--|
| Principal Place of Business<br><b>1368 SOUTHWEST 160TH AVENUE<br/>SUITE 400<br/>SUNRISE, FL 33326 US</b> | Mailing Address<br><b>1368 SOUTHWEST 160TH AVENUE<br/>SUITE 400<br/>SUNRISE, FL 33326 US</b> |
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02042006 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number<br><b>65-0464447</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fees Required |
|---|---|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>WEINER, LAWRENCE<br/>1428 BRICKELL AVE.<br/>SUITE 400<br/>MIAMI, FL 33131</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

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

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WEINER, LAWRENCE<br>1428 BRICKELL AVE.<br>MIAMI, FL              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MASSAVE, ROBERT<br>1260 MANOR DRIVE SOUTH<br>FT LAUDERDALE, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CBD<br>LAURENZO, BEN<br>16385 WEST DIXIE HIGHWAY<br>N. MIAMI BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LAURENZO, DAVID<br>16385 WEST DIXIE HIGHWAY<br>N MIAMI BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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

**3/11/06 954/389/6169**  
Date Day/Time Phone #