


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90090 046 ***150.00

DOCUMENT # P94000005053					
1. Entity Name BEN & BOB'S, INC.					
Principal Place of Business 1368 SOUTHWEST 160TH AVENUE SUITE 400 SUNRISE, FL 33326 US			Mailing Address 16385 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160 US		
2. Principal Place of Business - No P.O. Box # 1368 S.W. 160 Ave.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunrise, FL		City & State		4. FEI Number 65-0464447	
Zip 33326		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINER, LAWRENCE 1428 BRICKELL AVE. SUITE 400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE SD NAME WEINER, LAWRENCE STREET ADDRESS 1428 BRICKELL AVE. CITY - ST - ZIP MIAMI, FL	<input type="checkbox"/> Delete				
TITLE PD NAME MASSAVE, ROBERT STREET ADDRESS 1260 MANOR DRIVE SOUTH CITY - ST - ZIP FT LAUDERDALE, FL	<input type="checkbox"/> Delete				
TITLE CBD NAME LAURENZO, BEN STREET ADDRESS 16385 WEST DIXIE HIGHWAY CITY - ST - ZIP N. MIAMI BEACH, FL	<input type="checkbox"/> Delete				
TITLE VP NAME LAURENZO, DAVID STREET ADDRESS 16385 WEST DIXIE HIGHWAY CITY - ST - ZIP N MIAMI BEACH, FL	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/07					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>David Laurenzo</i> <i>David Laurenzo</i> 1/9/08 (305)945-6381					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					