


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90111 050 ***150.00

DOCUMENT # P95000088983


1. Entity Name
C. S. BENSCH, INC



Principal Place of Business Mailing Address
10400 GRIFFIN RD. **10400 GRIFFIN RD.**
STE 104 **STE 104**
COOPER CITY, FL 33328 **COOPER CITY, FL 33328 US**

2. Principal Place of Business 3. Mailing Address
6499 N. Powerline Rd. **6499 N. Powerline Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
101 **101**

City & State City & State
Ft. Lauderdale, FL. **Fort Lauderdale, FL.**
 Zip Country Zip Country
33309 **USA** **33309** **USA**



04132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
KRIZMAN, ALAN
3601 S BAYSHORE DRIVE
STE 1600
MIAMI, FL 33133

4. FEI Number Applied For
65-0657404 Not Applicable

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

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, 2006 Fee will be \$550.00

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

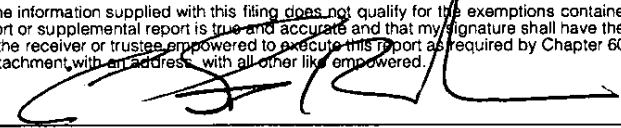
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BENSCH, C S	
STREET ADDRESS	4910 SW 201 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bensch, C S	
STREET ADDRESS	511 Isle of Capri	
CITY-ST-ZIP	Fort Lauderdale, FL. 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **4/20/06** **954-680-1544**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #