## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jan 22, 2004 08:00 AM Secretary of State

954-462-5600

Daytime Phone #

-6-04

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1. Entity Nam	MENT # P96000027167 BENSON, P.A.		Secretary of State	
Principal Plac	e of Business Mailing Address			
112 ROSE D	PRIVE 112 ROSE DRIVE			
	RDALE, FL 33316 FORT LAUDERDALE, FL	33316		
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			F (SECOND CIN LOCAL BACK ENCLUED IN SECOND CONTRACTOR OF SECOND CONTRACT	
			01062004 No Chg-P CR2E034 (10/03)	
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1	O NOI WHILE IN THIS ST	PACE	4. FEI Number Applied For	
			65-0667894 Not Applicable	
			5 Contilinate of Status Panicas	
			5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent				
BENSON, JOHN D ESQ 112 ROSE DRIVE FORT LAUDERDALE, FL 33316			DO NOT WRITE	
CALLAC	JDERDALE, FE 33310		IN THIS SPACE	
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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, typod or printed name of registered agent and bite if applicable. (NOTE Registered Agent signature required when reinstating)  DAYE				
		<u>, - <del> </del></u>	<u></u>	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 Trust Fund Contri		i.00 May Be ded to Fees	
10.	OFFICERS AND DIRECTORS			
TITLE	D GAPIOLAS AND BINECTORIS	<del></del>		
NAME	BENSON, DENISE S	1		
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STREET ADDRESS	112 ROSE DRIVE			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		፤ የርጋርያ ርዕር ተመንጠና	
TITLE	DP	1	U00000010371	
NAME	BENSON, JOHN D	1	01/22/04 <del>-8</del> 0028-011 150.00	
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indicated	certify that the Information supplied with this filing does not qualify for a on this report or supplemental report is true and accurate and that m	the exemption stated in Se y signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director	
indicated of the co	certify that the information supplied with this filing does not qualify for d on this report or supplemental report is true and accurate and that m reporation or the repeater or prustee empowered to execute this report a l, or on an attackment with an address, with all other like empowered.	the exemption stated in So y signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR