


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000057897</b> 1. Entity Name <b>BENI COFFEE SERVICE, INC.</b>	
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Principal Place of Business <b>3270 SE 58TH AVE STE 1 OCALA, FL 34471 US</b>	Mailing Address <b>3270 SE 58TH AVE STE 1 OCALA, FL 34471 US</b>
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04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3390696</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CAMP, DENNIS D 808 SE FORT KING ST OCALA, FL 34471</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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000148468 05/03/04-80148-016 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BEHAR, ALBERT 2246 GROVELAND DR LUTZ, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BEHAR, DORIS 2246 GROVELAND DR LUTZ, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S BEHAR, WENDY 3411 SW 25TH STREET OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T BEHAR, MIKE 3411 SW 25TH STREET OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **4-30-04** **(352) 624-1077**  
Date Daytime Phone #