2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057897

Entity Name: BENI COFFEE SERVICE, INC.

BELLEVIEW, FL 34420 US

City-St-Zip:

FILED Jan 22, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
3270 SE 5 STE 1	8TH AVE				
OCALA, F	L 34471 US				
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
3270 SE 5	8TH AVE				
STE 1 OCALA, F	L 34471 US				
FEI Number	: 59-3390696	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
CAMP, DENNIS D 808 SE FORT KING ST OCALA, FL 34471 US			CAMP, DENNIS D 351 NE 8TH AVENUE OCALA, FL 34470	351 NË 8TH AVENUE	
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				01/22/2007	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () BEHAR, ALBER 4560 SE 120TH BELLEVIEW, FI	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BEHAR, DORIS 4560 SE 120TH BELLEVIEW, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () BEHAR, WEND 4560 SE 120TH BELLEVIEW, FI	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () BEHAR, MIKE 4560 SE 120TH	Delete ST	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WENDY L BEHAR S 01/22/2007