

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000072771

1. Entity Name  
ELSA BENITEZ, INC.



Principal Place of Business  
510 TOWNSHIP LINE RD.  
SUITE 150  
BLUE BELL, PA 19422

Mailing Address  
510 TOWNSHIP LINE RD.  
SUITE 150  
BLUE BELL, PA 19422 US

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0691230 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

WILLNER, ROBIN I ESQ  
C/O HERZFELD & RUBIN  
801 BRICKELL AVENUE #1501  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees.

10. OFFICERS AND DIRECTORS  
P  
BENITEZ, ELSA  
C/O 510 TOWNSHIP LINE RD., SUITE 150  
BLUE BELL, PA 19422

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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U00000036637  
02/06/04-60065-025 150.00

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IN THIS SPACE**

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:

*Elsa Benitez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-03 305-5341456

Date

Daytime Phone #