

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


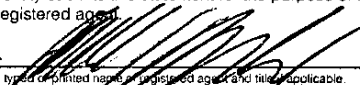
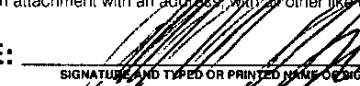
**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90051 014 \*\*\*150.00

**50004837**



01182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000055029</b>			
1. Entity Name <b>BENLO TRADING CORPORATION, INC.</b>			
Principal Place of Business <b>2671 WEST 81ST STREET HIALEAH, FL 33016</b>		Mailing Address <b>2671 WEST 81ST STREET HIALEAH, FL 33016</b>	
2. Principal Place of Business <b>1801 N.E 149 ST</b>		3. Mailing Address <b>1801 N.E 149 ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>N. Miami FL</b>		City & State <b>N. Miami FL</b>	
Zip <b>33181</b>		Country	
4. FEI Number <b>65-0799940</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>BENOLIEL, MAXWELL 2671 WEST 81ST STREET HIALEAH, FL 33016</b>		7. Name and Address of New Registered Agent Name <b>BENOLIEL, MAXWELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 N.E 149 ST</b> City <b>NORTH Miami</b> FL Zip Code <b>33181</b>	
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 		DATE <b>1/11/05</b>	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENOLIEL, MAXWELL 2671 WEST 81ST STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PYST Benoliel Maxwell 1801 N.E 149 ST N. Miami FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENOLIEL WITH S. 1801 N.E 149 ST N. Miami FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: 		Date <b>1/11/05</b> Daytime Phone # <b>251 9900</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			