


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90284 004 ***150.00

DOCUMENT # P97000067031	
1. Entity Name Benlan U.S.A. Inc	

DO NOT WRITE IN THIS SPACE

40069397

2. Principal Place of Business 4780 Dolphin Cay Lane		3. Mailing Address 4780 Dolphin Cay Lane	
Suite, Apt. #, etc. Building 302C		Suite, Apt. #, etc. Building 302C	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33711	Country U.S.A.	Zip 33711	Country U.S.A.
4. FEI Number 52-211 850		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Block & Colucci, P.C.	
	Street Address (P.O. Box Number is Not Acceptable) 1001 N. US Highway One	
	Suite 400	
	City Jupiter	FL Zip Code 33477

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 _____ **President** _____ **March 29, 2005** _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ENNS, Thomas 1304 Saginaw Crescent Mississauga, Ontario L5H 1X5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **(905) 829-5004** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/02)