FILED
Feb 07, 2005 8:00 am
Secretary of State
01-13-2005 90004 044 ****50.00
02-07-2005 90085 029 ***100.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000085238

1. Entity Name
BENCO DEVELOPMENT INC.

50010873

Principal Place of Business	Mailing Address
5400 S UNIVERSITY DR. SUITE 608 DAVIE, FL 33328	5400 S UNIVERSITY DR. SUITE 608 DAVIE, FL 33328
2. Principal Place of Business: 1485 N. PARK DRIVE	3. Mailing Address: 1485 N. PARK DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

01102005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0800768 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FILLICHIO, BEN
5400 S UNIVERSITY DR, #608
DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name: FILLICHIO, BEN
Street Address (P.O. Box Number is Not Acceptable): 1485 N. PARK DR
City: WESTON FL Zip Code: 33326

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	P FILLICHIO, BEN 5400 S. UNIVERSITY DR., #608 DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FILLICHIO, BEN 1485 N. PARK DR WESTON, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 1/10/05 (954) 762-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #