

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90005 014 ***150.00

DOCUMENT # P98000000525

1. Entity Name
BENZENA CAPITAL ENTERPRISES, INC.



Principal Place of Business
**601 S BABCOCK STREET
MELBOURNE, FL 32901**

Mailing Address
**2405 CORAL RIDGE CIRCLE
MELBOURNE, FL 32901**

44046538



2. Principal Place of Business
601 S BABCOCK STREET
Suite, Apt. #, etc.

3. Mailing Address
601 S BABCOCK STREET
Suite, Apt. #, etc.

06082004 Chg-P CR2E034 (10/03)

City & State
MELBOURNE, FLORIDA

City & State
MELBOURNE, FLORIDA

4. FEI Number
59-3486701

Applied For
Not Applicable

Zip
32901

Country

Zip
32901

Country

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

6. Name and Address of Current Registered Agent

**SOBOH, MAJED A
2405 CORAL RIDGE CIRCLE
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name
SOBOH, MAJED A
Street Address (P.O. Box Number is Not Acceptable)
601 S BABCOCK STREET
City **MELBOURNE** FL Zip Code **32901**

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 *Majed Soboh*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JUNE 8th, 04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing -- ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SOBOH, MAJED A**
STREET ADDRESS **2405 CORAL RIDGE CIRCLE**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D** ☐ Delete
NAME **SOBOH, KRISTA N**
STREET ADDRESS **2405 CORAL RIDGE CIRCLE**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **SOBOH, MAJED A**
STREET ADDRESS **601 S BABCOCK STREET ,**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☒ Change ☐ Addition
NAME **SOBOH, KRISTA N**
STREET ADDRESS **601 S BABCOCK STREET ,**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Majed Soboh president*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 8th, 04 321-258-8750

Date Daytime Phone #