


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000017255 1. Entity Name BENNY'S ENTERPRISES USA, INC.	
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Principal Place of Business 4821 SW 148 PLACE MIAMI, FL 33185	Mailing Address 4821 SW 148 PLACE MIAMI, FL 33185
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**DO NOT WRITE IN THIS SPACE**



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0815841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, BERNARDO  
 4821 SW 148 PLACE  
 MIAMI, FL 33185

**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 \_\_\_\_\_ (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

U00000097704  
 03/29/04-80011-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LOPEZ, BERNARDO 4821 SW 148 PLACE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOPEZ, CELSA 4821 SW 148 PLACE MIAMI, FL 33185
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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:  3/25/04 305 561 6639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #