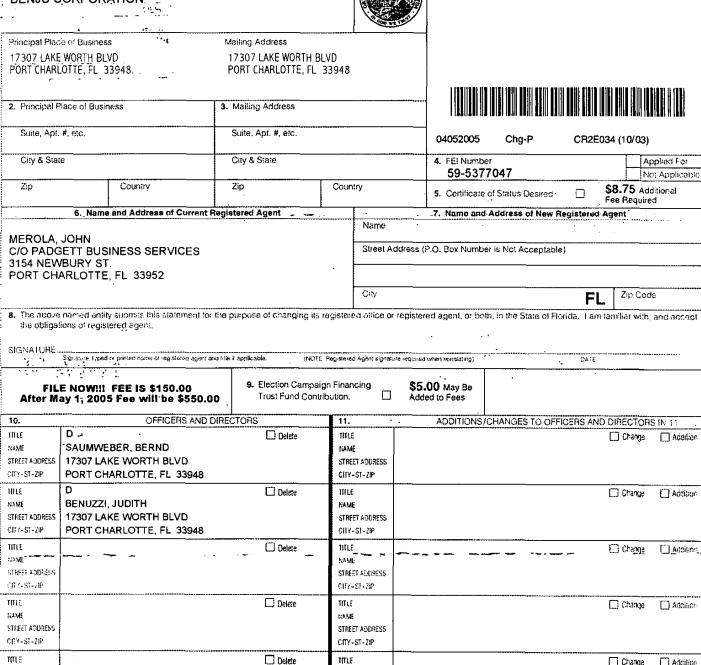
## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P98000049597**

1. Entity Name

BENJU CORPORATION.



12. I hereby certify that the information supplied with this filling 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 features.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CHY-ST-7IP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

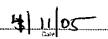
STREET ADDRESS

Offy-ST-ZIP

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete



Daytime Phone a

[] Change

Change

Addition

Addition

**FILED** 

Apr 14, 2005 8:00 am Secretary of State

04-14-2005 90083 041 \*\*\*150.00