FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P98000054128 1. Entity Name √	05-21-2002 91218 037 ***150.00
Benchmark Custom Builders, 1/ DO NOT WRITE IN THIS SPA	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. City & State City & State	DO NOT WRITE IN THIS SPACE 4. FEI Number A Applied For
Ft lauderdale , FL 1	1. Not Applicable 1. Sertificate of Status Desired □ \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE	Name Edward Paul Kreiling Street Address (P.P. Box Number is 10t Acceptable) City Weston, FL Zip Code 33324
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinstating) 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended LIBP is \$41.25	
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME Karell Locay SS SCITY-ST-ZIP Weston FL 33326 TILE NAME	Department of State ILE AME IREET ADDRESS ITY - ST - ZIP TLE AME IREET ADDRESS
TITLE	TITY-ST-ZIP TILE TO NOT WRITE TILE TO NOT WRITE
TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME
STREET ADDRESS CITY-ST-ZIP 13. 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 11 or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone 1	