## ANNUAL REPORT

## **DOCUMENT # P98000054739**

1. Enalty Name BENTEX ASSOCIATES, INC.



Principal Place of Business

2711 N.W. 17TH AVENUE MIAMI, FL 33142

Mailing Address

828 ROYAL STREET #500 NEW ORLEANS, LA 70116 FILED Jul 19, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

03202003 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Noi Applieable Noi A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSBY, BENJAMIN F III 7425 WILSON ROAD WEST PALM BEACH, FL 33413

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the one of registered agent.	purpose of changing its registere	d office or re	ngistered agent, or bo	sth, in the State of Florida. I am te	unillar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and rai	e if applicable, (NOTE, Replisered	Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  \$. Election Campaign Finer  Trust Fund Contribution.			cing	\$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						The second second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSBY, BENJAMIN F III 7425 WILSON RD WPB, FL					·S (50.00	
THILE NAME STREET ADDRESS CHY-ST-TIP						**************************************	
TITLE NAME STREET ADDRESS CRY-ST-71P				DO	NOT WRITE	* · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Handria Agent		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			フ	6 (1) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	to the control of the		
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 teport or supplemental report is true and accurate and titet 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 employered to execute this support 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 employered.							