

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018236

Entity Name: B.E.N.E.R., INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

10920 CYPRESS RUN CIRCLE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

9580 WELDON CIRCLE
104
TAMARAC, FL 33321

Current Mailing Address:

10920 CYPRESS RUN CIRCLE
CORAL SPRINGS, FL 33071

New Mailing Address:

9580 WELDON CIRCLE
104
TAMARAC, FL 33321

FEI Number: 65-0894432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELVIN, MAXINE
10920 CYPRESS RUN CIRCLE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

SELVIN, MAXINE
9580 WELDON CIRCLE
104
TAMARAC, FL 33321 US

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: MAXINE SELVIN

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SELVIN, MAXINE
Address: 10920 CYPRESS RUN CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete
Name: SILVERSTEIN, STANLEY
Address: 10920 CYPRESS RUN CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SELVIN, MAXINE
Address: 9580 WELDON CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: S (X) Change () Addition
Name: SILVERSTEIN, STANLEY
Address: 9580 WELDON CIRCLE
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXINE SELVIN

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date