


**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90047 006 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000036536</b>			
1. Entity Name J. CARLOS BENITO, D.D.S., P.A.			
Principal Place of Business 333 N.W. 70TH AVE., STE. 205 PLANTATION, FL 33317		Mailing Address 333 N.W. 70TH AVE., STE. 205 PLANTATION, FL 33317	
2. Principal Place of Business 7420 NW 5th St. Suite, Apt. #, etc. # 109 City & State Plantation, FL Zip 33317 Country USA		3. Mailing Address 7420 NW 5th St. Suite, Apt. #, etc. # 109 City & State Plantation, FL Zip 33317 Country USA	
4. FEI Number 65-0915555		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02022004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ZIPPIN, ROBERT S ESQ. 7101 W. MCNAB RD., STE. 200 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: J Carlos Benito DATE: 1-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D BENITO, J. CARLOS 333 N.W. 70TH AVE., STE. 205 PLANTATION, FL 33317			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: J Carlos Benito		1-30-04 984-581-5922	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**54003595**

