

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90035 015 ***150.00

DOCUMENT # P99000041666

1. Entity Name

BENGAL INTERNATIONAL CORP.



Principal Place of Business

**VALERO EXPRESS MART
325 N RIDGEWOOD AVE
EDGEWATER FL 32132
US**

Mailing Address

**3495 WINCHESTER DRIVE
PORT ORANGE FL 3212-9**



2. Principal Place of Business - No P.O. Box #

BENGALS

3. Mailing Address

325 N RIDGEWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EDGEWATER

City & State

Zip

Country

32132

USA

Zip

Country

4. FEI Number

59-3577405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**AHMED, ANIS
3495 WINCHESTER DRIVE
PORT ORANGE FL 32129**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when completing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **AHMED, ANIS**
STREET ADDRESS **3495 WINCHESTER DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANIS AHMED

01-25-08

386 427 4776

Date

Daytime Phone #