


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90308 008 ***150.00

DOCUMENT # P99000059014 1. Entity Name BENEDETTO ENTERPRISES, INC.			
Principal Place of Business 6310 LESLIE STREET JUPITER, FL 33458		Mailing Address 6310 LESLIE STREET JUPITER, FL 33458	
2. Principal Place of Business 4229 EAST MAIN ST Suite, Apt. #, etc.		3. Mailing Address 4229 EAST MAIN ST. Suite, Apt. #, etc.	
City & State JUPITER, FL		City & State JUPITER, FL	
Zip 33458	Country PALESTINE	Zip 33458	Country PALESTINE
4. FEI Number 65-0931394		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENEDETTO, ALDO 6310 LESLIE STREET JUPITER, FL 33458		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: <i>A. Benedetto</i> DATE: 4-14-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENEDETTO, ALDO R. 6310 LESLIE STREET JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. BENEDETTO, ALDO R. 4229 EAST MAIN ST. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BENEDETTO, DIANNE 6310 LESLIE STREET JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BENEDETTO, DIANNE 4229 EAST MAIN ST. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>A. Benedetto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-14-05 566-627-3882 Date Daytime Phone #	