


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S00877</b> 1. Entity Name BENADA HOLDINGS, INC.	
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Principal Place of Business 8040 PETERS ROAD SUITE H107 PLANTATION, FL 33324	Mailing Address 8040 PETERS ROAD SUITE H107 PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**



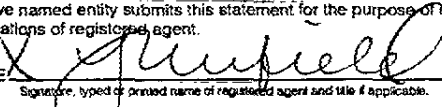
01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0223091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
  
ENFIELD, LISA H.  
8040 PETERS ROAD  
SUITE H107  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

9. 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:  DATE: 1/5/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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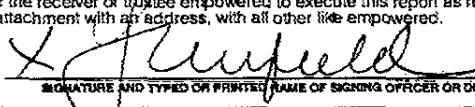
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENFIELD, LISA H. 8040 PETERS RD., #H-107 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENFIELD, STEVEN 8040 PETERS RD., #H-107 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/07/04-80007-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 1/5/04 DAYTIME PHONE #: 954-472-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR