

**ANNUAL REPORT (AR)****DOCUMENT # S01163**

1. Entity Name

BENJAMIN E. RABIN, INC.



**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

 Principal Place of Business  
 10370 NW 11 ST  
 PLANTATION FL 33322  
 US

 Mailing Address  
 10370 NW 11 ST  
 PLANTATION FL 33322  
 US


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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 65-0193975

 Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

 5. Certificate of Status Desired ☐ \$8.75 Additional  
 Fee Required

1st MOORE CR2E034 (10/06)

## 6. Name and Address of Current Registered Agent

 RABIN, BENJAMIN E.  
 10370 NW 11 ST  
 PLANTATION FL 33322

## 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

 9. Election Campaign Financing \$5.00 May Be  
 Trust Fund Contribution ☐ Added to Fees

## 10. OFFICERS AND DIRECTORS

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 P RABIN, BENJAMIN E.  
 10370 NW 11 ST  
 PLANTATION FL
☐ Delete
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP
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 TITLE  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 000000653082  
 03/13/07-80006-008 150.00
☐ Change ☐ Addition
 TITLE  
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 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #