

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92196

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: BENGE ENTERPRISES, CORP.

**Current Principal Place of Business:**

17700 COLLINS AVE  
MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17700 COLLINS AVE  
MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 65-0301691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHELOMOVITZ, BARRY  
17700 COLLINS AVE  
MIAMI BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHELOMOVITZ, BARRY  
Address: 17700 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: SHELOMOVITZ, SHOSHANA  
Address: 17700 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY SHELOMOVITZ

MGR

04/07/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date