2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State 02-21-2006 90015 029 ***158.75

DOCUMENT # V04737 1. Entity Name BENJAMIN FARMS CO.					02-21-2006 90015 029 ***158.75				
Principal Place	e of Business	Mailing Address			1				
4150 SW 11TH PLACE		4150 SW 11TH PLACE				٠.	**		
VERO BCH, FL 32968 US		VERO BCH, FL 32968 US			ľ				
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02152006	Chg-P	CR2E034	(11/05)	
City & State		City & State			4. FEI Numb 59-313			_ 	olied For Applicable
Zip	Country	Zip Count		′	5. Certificate	of Status Desired		3.75 Addi e Required	
					7. Name and	Address of New R	egistered Age	int -	-
KROMHOUT, ALEXANDER				Name					
4150 SW 1	1TH PLACE:		Street Address	dress (P.O. Box Number is Not Acceptable)					
VERO BEACH, FL 32968									
·				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.									
the congations of registered agent.									
SIGNATURE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.					5.00 May Be ded to Fees				
10.	OFFICERS AND (DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME	KOSTER, CHARLOTTE K. 4150 SW. 11TH PL		NAME	ADDRESS					
STREET ADDRESS CITY-ST-ZIP	VERO BEACH, FL		CITY-S	I					
TITLE	VPS	Delete Delete	TITLE					Change	☐ Addition
NAME	KOSTER, JAN		NAME					- •	_
STREET ADDRESS	4150 SW 11TH PLACE			ADDRESS					
CITY-ST-ZIP	VERO BEACH, FL 329684835		CITY-S			(_ ===			
TITLE NAME	VPAS KROMHOUT, ALEXANDER	☐ Delete	TITLE NAME	13	es deu	++Trea			Addition
STREET ADDRESS	4150 SW 11TH PLACE			K	150-11 <u>+</u> 1	cet, It I cxe	e redict		
CITY-ST-ZIP	VERO BEACH, FL 329684835		CITY-S	T-ZIP	ra Ber	March 51	Turka 3	1968	-4835
TITLE		☐ Delete	TITLE	y i	c Provid	ext & Sccr	ctarv [Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS 43	hauna 10a - 17a	P. Kround	سونطر		
CITY-ST-ZIP			CITY-S	T-ZIP	100-12-1	th. Florid	31966	-1111	
TITLÉ		☐ Delete	TITLE		по дост			Change	☐ Addition
NAME	•		NAME	1					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS					
TITLE		☐ Delete	TITLE				Г	Change	Addition
NAME		<u> </u>	NAME				L		
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	1-414		_			

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: ≤

Alexander Krombon

2 116 06 721-477-1756
Date Date Phone *