
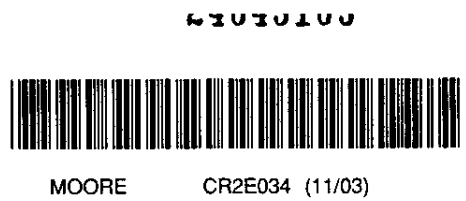


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90022 046 ***150.00

DOCUMENT # 857925			
1. Entity Name BENCOR CORPORATION OF AMERICA-FOUNDATION SPECIALIST			
Principal Place of Business PECIALIST 2315 SOUTHWELL RD. DALLAS TX 75229		Mailing Address PECIALIST 2315 SOUTHWELL RD. DALLAS TX 75229	
2. Principal Place of Business <i>1607</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	PICCAGLI, UGO	
STREET ADDRESS	4511 HARRY'S LANE	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANTARELLI, GIANCARLO	
STREET ADDRESS	2315 SOUTHWELL RD	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	PICCAGLI, LAWRENCE	
STREET ADDRESS	2315 SOUTHWELL ROAD	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	PICCAGLI, UGO	
STREET ADDRESS	4511 HARRY'S LANE	
CITY-ST-ZIP	DALLAS TX 75229	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEDLOCK, LINDA A.	
STREET ADDRESS	3061 DOTHAN	
CITY-ST-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>P/T/D</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>V</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>V/S</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>S</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>V</i>	
STREET ADDRESS	<i>PICCAGLI, MAX 2315 SOUTHWELL RD DALLAS, TX 75229</i>	
CITY-ST-ZIP		

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 reports 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:  *U60 PICCAGLI* *228-04* *972-247-6767*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #