04/27/2004 11:00 850-245-6015 DOS/SUPPO

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90153 049 ***150.00

DOCUMENT # P96000048626

1. Entity Name

BENSOCHI CORPORATION

DO NOT WRITE IN THIS SPACE

14019972

2. Principal Place of Business: 9961 S.W. 153 St.	3. Mailing Address: 9961 S.W. 153 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. MIAMI FL.
City & State: MIAMI FL.	City & State
Zip: 33157 Country: U.SA	Zip: 33157 Country: U.SA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: BENSON OKAFOR

Street Address (P.O. Box Number is Not Acceptable): 9961 S.W. 153 St.

City: MIAMI FL Zip Code: 33157

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / BENSON OKAFOR / 9961 S.W. 153 St. / MIAMI FL 33157	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / BENSON OKAFOR / 9961 S.W. 153 St. / MIAMI FL 33157	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: B. Okafor — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-04 Date

(305) 253-9614 Daytime Phone #