

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90043 027 ***150.00

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1. Entity Name
BENJAMINA NURSERY FARM, INC.



Principal Place of Business

**15901 SW 177 AVE
MIAMI, FL 33187**

Mailing Address

**15901 SW 177 AVE
MIAMI, FL 33187**

DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FE# Number
59-1625243

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, MANUEL
11905 S.W. 47TH STREET
MIAMI, FL 33147**

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IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANCHEZ, MANUEL JR
STREET ADDRESS	11905 SW 47 ST
CITY- ST- ZIP	MIAMI, FL 33175
TITLE	SD
NAME	BLANCO, MARIA S
STREET ADDRESS	15901 SW 177 AVE
CITY- ST- ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: *Manuel Sanchez Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #