


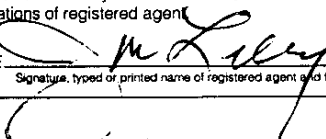
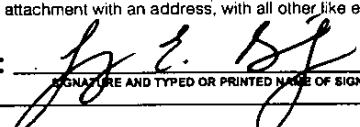
# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 OCT 18 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 563996</b>					
1. Entity Name <b>CARLOS M. BENITEZ INTERNATIONAL, INC.</b>					
Principal Place of Business <b>238 PALERMO AVE. CORAL GABLES, FL 33134</b>			Mailing Address <b>238 PALERMO AVE. CORAL GABLES, FL 33134</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-4880696</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GUZMAN, HILDA F 101 ALMERIA AVE. CORAL GABLES, FL 33134</b>			Name <b>LILLY, JACQUELINE</b> Street Address (P.O. Box Number is Not Acceptable)  <b>238 PALERMO AVE</b> City <b>CORAL GABLES FL</b> Zip Code <b>33134</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENITEZ, CARLOS M</b>		NAME	<b>BENITEZ, CARLOS M</b>	
STREET ADDRESS	<b>510 MUNOZ RIVERA AVE.</b>		STREET ADDRESS	<b>510 MUNOZ RIVERA AVE</b>	
CITY-ST-ZIP	<b>HATO REY, PR 00918,</b>		CITY-ST-ZIP	<b>HATO REY PR 00918</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUZMAN, HILDA F</b>		NAME	<b>GARCIA, MARIA JULIA</b>	
STREET ADDRESS	<b>101 ALMERIA AVE.</b>		STREET ADDRESS	<b>510 MUNOZ RIVERA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		CITY-ST-ZIP	<b>HATO REY PR 00918</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>BENITEZ, JORGE E</b>	
STREET ADDRESS			STREET ADDRESS	<b>238 PALERMO AVE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			10/12/06 Date Daytime Phone #		

2010/24