

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90003 007 \*\*\*550.00

**DOCUMENT # F05000004127**

1. Entity Name  
**BENJAMIN PROPERTIES 6800 INC.**



Principal Place of Business

**C/O FOX HORAN & CAMERINI LLP  
825 THIRD AVE., 11TH FLOOR  
NEW YORK, NY 10022 US**

Mailing Address

**C/O FOX HORAN & CAMERINI LLP  
825 THIRD AVE., 11TH FLOOR  
NEW YORK, NY 10022 US**



08202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0564258**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI, FL 33156**

**DO NOT WRITE  
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 \$550.00  
Due by September 12, 2008**

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  
**PTD  
COLLEDANI, GIANNA  
825 THIRD AVE., 11TH FLOOR  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S.  
CAMERINI, DAVID C  
825 THIRD AVE., 11TH FLOOR  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
POGGI, MAURO  
825 THIRD AVE., 11TH FLOOR  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #