## F080000002409

(Re	equestor's Name)	•
(Ad	Idress)	
(A.)	[da)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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2013 HAR II AM 10: 04 SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: BENJAMIN MANAGE	EMENT GROUP, INC.	
	of Corporation	
DOCUMENT NUMBER: F08000002409		
The enclosed Affidavit by Foreign Corporation to submitted for filing.	Change/Add Officer(s) and/or Director(s) and fee are	
Please return all correspondence concerning this m	atter to the following:	
Victor Benjamin		
Name of Contact Person		
BENJAMIN MANAGEMENT GROUP	P, INC.	
Firm/Company		
19100 VON KARMAN AVE., ST	E-500	
Address		
IRVINE, CA 92612		
City/State and Zip Code	<del>.</del>	
Gind. arreold @elitereo.co		
For further information concerning this matter, ple	ase call:	
Juan Castro	107 \280-5394	
Name of Contact Person A	107 280-5394 rea Code & Daytime Telephone Number	
Enclosed is a check made payable to the Florida D	pepartment of State for the following amount:	
\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICE AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

(TTOTAL TERRITORIES	same the mot saterial year of quantities form)
The name of the foreign corporation a     BENJAMIN MANAGEMENT	GROUP, INC.
2. This entity was authorized to transact number is F08000002409	business in Florida on 12/5/2012 and its Florida documen
3. This corporation was formed under the	e laws of CALIFORNIA
4. The name and address of each officer	
Tille: Secretary/Treasurer	Name and Address JUAN CASTRO
	4700 MILLENIA BLVD, STE.175
	ORLANDO, FLORIDA 32839
Viete R Bonja	additional pages if necessary)
Signature of an officer or director	Title of person signing
Typed or printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314