2008 FOR PROFIT CORPORATION

Sep 04, 2008 8:00 am Secretary of State ANNUAL REPORT 09-04-2008 90045 038 ***158.75 **DOCUMENT # F97813** BENNETT INTERNATIONAL CORPORATION 40115163 Principal Place of Business Mailing Address 4055 NW 79YH AVE 4055 NW 79YH AVE MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 08292008 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEL Number 59-2218919 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C OVIES EDUARDO, OVIES Street Address (P.O. Box Number is Not Acceptable) 2307 S DOUGLAS ROAD **STE 400** MIAMI, FL 33145 MRAZ 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP Change ☐ Delete ☐ Addition TIBLE MLE ARANA, VICTOR NAME NAME 901 BRICKELL KEY BLUD APT 1606 STREET ADDRESS 901 BRICKELL KEY BLVD APT 3504 STREET ADDRESS MIAMI FZ 33/3/ CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete TITLE TITLE NAME ARANA, BEATRIZ 901 BRICKELL KEY BUND APT KOG STREET ADDRESS 901 BRICKELL KEY BLVD APT 3504 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Oelete Change ☐ Addition TOTE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS

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 deciver 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 in changed, or on an attachment with an action of the corporation of the corporat and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

THEF

NAME

SIGNATURE

CITY-S1-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

lot

305.218-2678

☐ Change

☐ Addition

FILED