

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # G 45521

1. Entity Name

EVER SO CLOSE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

5690 SE 41st St.,

Suite, Apt. #, etc.

3. Mailing Address

444 Brickell Ave

Suite, Apt. #, etc.

# 51-246

City & State

Ocala, FL

City & State

Miami, FL

Zip

34480

Country

USA

Zip

33131

Country

USA

4. FEI Number

59-2300540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

IBC Fiduciary, INC

Street Address (P.O. Box Number is Not Acceptable)

100 SE 2nd St

# 2222-A

City

Miami

FL

Zip Code  
33131

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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 of authorized name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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  
President  
Emmanuel Benbihi  
444 Brickell Ave., #51-246  
Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T, AS  
L. Smejda  
444 Brickell Ave. # 51-246  
Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP, S. D  
S. Felton  
5690 SE 41st St  
Ocala, FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500136690855  
10/07/08--01016--012 \*\*61.25

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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 on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/30/08

Date

(305) 358-9990

Daytime Phone #