2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Hilda Bengscher-

SIGNATURE:

## Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # L02000007607 t. Entity Name BENGO ONTIVERO HOLDINGS, LLC Principal Place of Business Mailing Address 366 SW 22ND ROAD MIAMI FL 33129 366 SW 22ND ROAD MIAMI FL 33129 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For Oily & State 4. FEI Number City & State NO-T APPLICABLE Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name CORPCO, INC. Street Address (P.O. Box Number is Not Acceptable) 2699 SOUTH BAYSHORE DRIVE SEVENTH FLOOR MIAMI FL 33133 Zio Code City 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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change Addition MGR TITLE TITLE ☐ Delete ONTIVERO, DELIA MANT NAME U00000**0808**08 SIRECT ACCRESS 366 SW 22ND ROAD STREET ADDRESS 02/23/04**-80**054-009 **50.00** MIAMI FL 33129 CITY-ST-ZIP CITY-ST-ZIP Defete TIRE Change ☐ Addition MGR mli MAME BENGOCHEA, HILDA NAME STREET ADDRESS 354 SW 22ND ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME MASS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ASSURESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 717) F Change Addition Delete TITLE MAXE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

2/18/04